N.Sindicich & L.Burns

AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2012: Findings from the Ecstasy and Related Drugs Reporting System (EDRS)

Australian Drug Trends Series No. 100

The EDRS Project is supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund

AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2012



Findings from the Ecstasy and Related Drugs Reporting System (EDRS)

Natasha Sindicich and Lucy Burns

AUSTRALIAN DRUG TRENDS SERIES No. 100

ISBN 978-0-7334-3249-1
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Suggested citation: Sindicich, N. and Burns, L. (2013). Australian Trends in Ecstasy and related Drug Markets 2011. Findings from the Ecstasy and Related Drugs Reporting System (EDRS). *Australian Drug Trend Series No. 100.* Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

Please note that as with all statistical reports there is the potential for minor revisions to data in this report over its life. Please refer to the online version at www.ndarc.med.unsw.edu.au.

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ACKNOWLEDGEMENTS

This is the tenth year the Ecstasy and Related Drugs Reporting System (EDRS, formerly known as the Party Drugs Initiative or PDI) has been conducted nationally. In 2011, the EDRS was funded by the Australian Government Department of Health and Ageing (AGDH&A), and was co-ordinated by the National Drug and Alcohol Research Centre (NDARC). The EDRS team would like to thank Mr Chris Milton, Dr Robyn Davies and Mr Joe Upston of the AGDH&A for their continued assistance with and support of the EDRS.

The authors of *Australian Trends in Ecstasy and Related Drug Markets 2012* would also like to thank the researchers and research institutions that contributed to the information presented in this report. In 2012, the EDRS team throughout Australia included:

- Dr Lucy Burns, Ms Natasha Sindicich, Ms Jennifer Stafford, Ms Kerryn Butler, Ms Laura Scott, Ms Rachel Sutherland, Ms Elizabeth Whittaker and Mr Joe Van Buskirk, NDARC, University of New South Wales;

- Dr Fairlie McIlwraith, Ms Tina Belovic, Ms Sophie Hickey and Dr Rosa Alati, Queensland Alcohol and Drug Research and Education Centre, University of Queensland;

- Dr Allison Matthews and Dr Raimondo Bruno, School of Psychology and School of Pharmacy, University of Tasmania;

- Ms Phuong Nguyen and Prof Paul Dietze, Macfarlane Burnet Institute, Victoria; and

- Ms Jodie Grigg and A/Prof Simon Lenton, National Drug Research Institute, Curtin University of Technology, Western Australia.

In addition to the research personnel listed above, a wide range of other individuals and organisations, past and present, have also contributed to the EDRS. We would like to extend our sincerest thanks to each of these, including:

- all participants who were interviewed for the regular ecstasy user (REU) survey component of the present and previous years of the EDRS. We could not provide the information in this report without their assistance and willingness to share their experiences;
- all key experts (KE), past and present, who were willing to participate in interviews and share their expertise. While their information is excluded from the national report, its importance in informing the research process, from highlighting issues that require further investigation through to interpretation of results, both at a national and a jurisdictional level, cannot be underestimated;
- individuals who assisted with the collection and input of data at a jurisdictional and national level;
- a special thank you to the coordinator of the National Illicit Drugs Indicators Project (NIDIP) Ms Amanda Roxburgh who has worked tirelessly to analyse data for the systems;
  the organisations and individuals who co-ordinated the provision of indicator data to the EDRS and confirming its interpretation. In 2012, this included Bradley Gant and Trish Piper of the Australian Customs and Border Protection Service (previously Australian Customs Service); the organisations who provided their purity data to the ACC (South Australia Forensic Science Centre, NSW Department of Health, Victoria Forensic Science Centre, Forensic Science Service Tasmania, Australian Federal Police/Australian Forensic Drug Laboratory, ACT Government Analytical Laboratory, the Queensland Health Scientific Services and Western Australian Forensic Science Laboratory); the state and territory health departments and the Australian Institute of Health and Welfare (AIHW) for access to the National Hospital Morbidity Database;

Suzanne Spence and Sandra Gliddon of the Australian Bureau of Statistics; Amber Jefferson, Justin Harvey and Cathy Claydon from the AIHW for their invaluable assistance with the National Drug Strategy Household Survey and the Department of Health and Ageing;

- those who assisted with recruitment of participants, steering committees operating at a national and at the jurisdictional level, and other individuals across the country whose involvement assisted with each aspect of the research process, from input into questionnaires through to the interpretation and dissemination of results;
- the IDRS/EDRS Advisory Committee members who include Professor Steve Allsop, Ms Nicky Bath, Ms Robyn Davies, Ms Laura Liebelt, Associate, Professor Ann Roche, Ms Mary Sharpe, Mr Gino Vumbuca, Ms Pat Ward and Dr Don Weatherburn.
- finally, we would also like to thank all those who have been involved in the EDRS in previous years, including the national co-ordinators Ms Emma Black, Dr Matthew Dunn, Ms Courtney Breen, Ms Jenny Stafford and Ms Susannah O'Brien, and the many other research personnel around the country who contributed greatly to the EDRS in previous years.

ABBREVIATIONS

5-MEO-DMT	5-methoxy-dimethyltryptamine
1,4B	1,4 butanediol
2C-B	4-bromo-2,5-dimethoxyphenethylamine
2C-E	2, 5-dimethoxy-4-ethylphenethylamine
2C-I	2,5-dimethoxy-4-iodophenethylamine
4-MTA	4-methylthioamphetamine
ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACS	Australian Customs Service
ACT	Australian Capital Territory
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGDH&A	Australian Government Department of Health and Ageing
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drug
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
AQFV	Alcohol Quantity Frequency and Variability
ATS	Amphetamine type stimulants
ATSI	Aboriginal and/ or Torres Strait Island
AUDIT	Alcohol Use Disorders Identification Test
AVO	Apprehended Violence Order
BBVI	Blood-borne viral infection(s)
BMI	Body Mass Index
BZP	1-Benzylpiperazine(s)
CNS	Central nervous system
CRUFAD	Clinical Research Unit For Anxiety and Depression
DASSA	Drug and Alcohol Services of South Australia
DOB	2,5-dimethoxy-4-bromoamphetamine
DOI	Death on Impact; 2, 5-dimethoxy-4-iodamphetamine
DOM	2,5-dimethoxy-4-methylamphetamine
DMT	Dimethyl tryptamine
DPMP	Drug Policy Modelling Program
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DXM	Dextromethorphan hydrobromide
D&A	Drug and Alcohol
EDRS	Ecstasy and Related Drugs Reporting System
EPS	Emerging psychoactive substances
ERD	Ecstasy and related drug(s)
FTND	Fagerstrom test for nicotine dependence
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus

ICD-9	International Statistical Classification of Diseases and Related Health Problems, Ninth Revision
ICD-10	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision
IDRS	Illicit Drug Reporting System
IDU	Person(s) who inject(s) drugs; injecting drug user(s)
IPS	Illicit psychostimulants
Ivory wave	See MDPV
K10	Kessler Psychological Distress Scale
KE	Key expert(s)
LOC	Loss of consciousness
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDAI	5,6-Methylenedioxy-2-aminoindane
MDEA	3,4-methylenedioxyethylamphetamine
MDMA	3,4-methylendioxymethamphetamine
MDPV	Methylenedioxypyrovalerone (Ivory wave)
MPTP	1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine
MSIC	Medically Supervised Injecting Centre (Sydney)
MXE	Methoxetamine
N	(or n) Number of participants
NCIS	National Coronial Information System
NIDIP	National Illicit Drug Indicators Project
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NDLERF	National Drug Law Enforcement Research Fund
NHMD	National Hospital Morbidity Database
NNDSS	National Notifiable Diseases Surveillance System
NSP	Needle and Syringe Program(s)
NSW	New South Wales
NT	Northern Territory
OD	Overdose
OCD	Obsessive Compulsive Disorder
OTC	Over the counter
PCP	Phencyclidine
PDI	Party Drugs Initiative
PMA	Para-methoxyamphetamine
QLD	Queensland
RBT	Random Breath Test
REU	Regular ecstasy users(s)
ROA	Route of administration
RPU	Regular psychostimulant user(s)
SA	South Australia
SAPOL	South Australia Police
SCID	Structured Clinical Interview for DSM-IV
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences
STI	Sexually transmitted infection
TAS	Tasmania
TBI	Traumatic brain injury

THC	Tetrahydrocannabinol
TMA	3,4,5 trimethoxyamphetamine
VIC	Victoria
WA	Western Australia
WHO	World Health Organization

GLOSSARY OF TERMS

Binge	Use over 48 hours without sleep
Eightball	3.5 grams
Halfweight	0.5 gram
Illicit	Illicit refers to pharmaceuticals obtained from a prescription in someone else's name, e.g. through buying them from a dealer or obtaining them from a friend or partner
Indicator data	Sources of secondary data used in the EDRS (see *Method* section for further details)
Key expert(s)	Also referred to as KE; persons participating in the Key Expert Survey component of the EDRS (see *Method* section for further details)
Licit	Licit refers to pharmaceuticals (e.g. benzodiazepines, antidepressants and opioids such as methadone, buprenorphine, morphine and oxycodone) obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration: injecting; smoking; snorting/shelving/shafting and/or swallowing
Opiates	Opiates are derived directly from the opium poppy by departing and purifying the various chemicals in the poppy
Opioids	Opioids include all opiates but also include chemicals that have been synthesised in some way e.g. heroin is an opioid but not an opiate, morphine is both an opiate and opioid
Point	0.1 gram although may also be used as a term referring to an amount for one injection
Recent injection	Injection (typically intravenous) in the six months preceding interview
Recent use	Use in the six months preceding interview via one or more of the following routes of administration: injecting; smoking; snorting; and/or swallowing
Shelving/shafting	Use via insertion into vagina (shelving) or the rectum (shafting)
Use	Use via one or more of the following routes of administration: injecting; smoking; snorting; shelving/shafting and/or swallowing

Guide to days of use/injection

180 days	daily use/injection* over preceding six months
90 days	use/injection* every second day
24 days	weekly use/injection*
12 days	fortnightly use/injection*
6 days	monthly use/injection*

* As appropriate

EXECUTIVE SUMMARY

Executive summary introduction

The *Australian Drug Trends in Ecstasy and Related Drug Markets 2012* report presents the findings from the tenth year in which data have been collected in all states and territories in Australia on the markets for ecstasy and related drugs (ERD). The Ecstasy and Related Drugs Reporting System (EDRS; formerly the Party Drugs Initiative, or PDI) is the most comprehensive and detailed study of ERD markets in Australia.

Using a similar methodology to the Illicit Drug Reporting System (IDRS), the EDRS monitors the price, purity and availability of 'ecstasy' (3,4-methylendioxymethamphetamine; MDMA) and other drugs such as methamphetamine, cocaine, gamma-hydroxybutyrate (GHB), *d*-lysergic acid (LSD), 3,4-methylendioxyamphetamine (MDA) and ketamine. It also examines trends in the use and harms of these drugs. It utilises data from three sources: (a) surveys with regular ecstasy users (REU) and regular psychostimulant users (RPU); (b) surveys with key experts (KE) who have contact with REU through the nature of their work; and (c) the analysis of existing data sources that contain information on ERD. The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail.

It is important to note that the results from the REU surveys are not representative of ecstasy users and their other drug use in the general population, but this is 'not' the aim of these data. These data are intended to provide evidence that is indicative of emerging issues that warrant further monitoring. REU are a sentinel group that provides information on patterns of drug use and market trends.

The findings from each year not only provide a snapshot of the ERD market in Australia, but in total they help to provide an evidence base for policy decisions; help to inform harm reduction messages; and to provide directions for further investigation when issues of concern are detected. Continued monitoring of the ERD markets in Australia will help add to our understanding of the use of these drugs; the price, purity and availability of these drugs; and how these may impact on each other; and the associated harms which may stem from the use of these drugs.

Drug trends in this publication are cited by jurisdiction, although they primarily represent trends in the capital city of each jurisdiction, where new drug trends are likely to emerge. Patterns of drug use may vary among other groups of REU in the capital cities and in regional areas.

Executive Summary Snapshot

Demographics of EDRS participants and Patterns of Drug use

- EDRS participants were primarily recruited through street press adverts and word – of - mouth.
- Demographics of EDRS participants were consistent with previous years.

Consumption pattern results

- Ecstasy appears to be returning in relation to preference as a drug of choice (32% in 2012 from 27% in 2011). Alcohol experienced a significant increase in preference in 2012 (11% in 2011 to 15% in 2012, $p<0.05$) to overtake cocaine (13%) and remain behind cannabis (19%).
- Stable results compared to the previous year were reported in those that reported excess stimulant use in a 'binge session'.
- Poly drug use is reported by this sample at a fortnightly to weekly frequency.
- Almost half of the sample commented on changes in the drug market over the preceding six months to interview, the main themes included: The quality of ecstasy/MDMA increasing, new drugs on the market such as: 2C-B, DMT and Caps, and an increase in prevalence of ice/crystal and acid (LSD).

Ecstasy

- Ecstasy tablets were used on a median of 12 days in the six months prior to interview, i.e. approximately fortnightly. Thirteen percent of participants reported using ecstasy more than weekly (pills only).
- Ecstasy was again used in a variety of forms: pills/tablets, powder and capsules. In 2012, in VIC and NSW there were reports of a new form of MDMA rock/crystal.
- A significant decrease was detected in those using drugs during the 'come down' phase of ecstasy.
- Participants reported using a median of two tablets in a typical session of use, a median of 2 lines, or two capsules.
- The median age at which ecstasy was first used was 17 years, and was used regularly (at least monthly) at a median age of 19 years. No sex differences were found.
- Ecstasy remained to be seen as a 'social' drug with participants reporting 'most' (43%) of their friends consumed it.
- Current domestic and EDRS market indicators would suggest that ecstasy consumption is beginning to return to previous levels of those seen in recent years.

Methamphetamine

Speed powder

- Just under half (48%) of the sample reported the use of speed in the six months prior to interview. The median days of use was five. As in 2011, VIC was the jurisdiction with the highest reported use of speed powder. The mean age of first use was 19 years.
- Among recent speed users, snorting (73%) and swallowing (60%) were the most common routes of recent (last six months) administration. The amount used in an average session was 0.5 gram and the amount used in a heavy session was one gram.

Base

- Fifteen percent of participants reported using base in the six months prior to interview. The median days of use was three. SA (24%) was the jurisdiction with the highest reported base use. The mean age of first use was 21 years.

- Among recent base users, swallowing was the most commonly nominated route of administration (ROA) (76%). The average amount used in a typical and heavy session was two points.
- Base is the least common form of methamphetamine used by participants.

Ice/crystal

- Twenty-nine percent of the national sample reported recent ice/crystal use. The median days of use among those who had recently used was stable at six days (approximately monthly). VIC (48%) was the jurisdiction with the most recent ice/crystal use reported. The mean age of first use was 22 years.
- The most common ROA for ice/crystal was smoking (88%). The average amount used in a typical session was 1.5 points and for a heavy session 2.5 points.

Cocaine

- Two-fifths (40%) of the national sample reported cocaine use in the six months prior to interview, a significant decrease from 2011 (46%, $p<0.05$). NSW (57%) and VIC (54%) were the jurisdictions that reported the most amount of recent use.
- Among recent users, cocaine had typically been snorted (97%), or swallowed (31%). The mean age of first use was 21 years.
- Frequency of cocaine use remained low at a median of three days (sporadic use) during the six months prior to interview. The majority (76%) had used less than once per month. There were no reports of daily use.
- The median amount of cocaine used in a typical session of use was half a gram and in a heavy session it was one gram.
- Cocaine was the drug of choice for 13% of the EDRS sample, similar to levels reported in 2011 (14%).

Ketamine

- Two-fifths (39%) of the national sample reported lifetime use of ketamine, and 14% reported using ketamine recently. The mean age of first use was 21.5 years.
- Ketamine use is predominantly reported in NSW and VIC. All other states had less than 10 participants reporting recent use.
- Amongst recent ketamine users, the majority (75%) snorted, while one-third (36%) had swallowed it. Less participants reported smoking it in 2012 (2% versus 7% in 2011) which is similar to previous years.
- Among users, ketamine had been used on a median of two days in the past six months; the majority (83%) had used ketamine less than once per month. There were two reports of more than weekly use.

GHB

- One-fifth (21%) of the national sample reported lifetime use of GHB, with 7% reporting recent use. The mean age of first use was 21 years.
- There was a comparable level of recent use from 2010 (6%) to 2012 (7%). Most recent use was reported in NSW, SA and QLD. There were no reports of recent use in the NT.
- Recent use occurred on a median of two days in the six months preceding interview; 73% reported using less than once per month.
- Recent GHB users reported using a median of 3 mls in a typical episode of use and a median of 4 ml in the heaviest recent episode of use. GHB was reported only consumed orally.

LSD

- Seventy percent of the national sample reported the lifetime use of LSD; 34% reported recent use of LSD, a significant decrease from 2011 (46%; $p<0.05$). The median age of first use was 18 years.

- The median days of LSD use amongst recent users was three. Recent users reported using a median of one tab in a typical session and two tabs in the heaviest recent session of use.
- LSD remains a drug that a substantial proportion of the sample 'binge' on (15%).
- Price, purity and availability had all remained stable.

Cannabis

- Along with alcohol, cannabis was the second most commonly used drug by the EDRS sample recently (82%). While reported recent use remained stable, the proportion of reported daily use significantly increased compared to 2011 (18% in 2011 versus 24% in 2012, $p<0.05$).
- 24% of the national sample were daily cannabis smokers.
- Frequency of use was three times weekly and the main ROA was smoking (98%). Smoking cones was more common than smoking joints.
- Prices for hydro cannabis remained slightly higher than for bush cannabis, potency and availability remained stable for both types of cannabis.

Other drugs

- Almost all (97%) participants reported lifetime use of **alcohol**, and 96% reported alcohol use in the six months preceding interview. The mean age of first use was 14 years. The median days of alcohol use was 48 days (twice weekly). Daily drinking was reported by 6% of the sample. A significant increase for alcohol as the drug of choice was detected in 2012 (15%) versus 2011 (11%).
- Ninety-five percent reported lifetime **tobacco** use and 83% had used tobacco in the six months preceding interview. Over half (59%) of recent tobacco users were daily smokers, with median days use being 180 (i.e. daily).
- **MDA** lifetime use was 30% of the national sample, with 10% reporting recent use on a median of three days.
- Over half (55%) of the sample reported lifetime **benzodiazepine** (both licitly and illicitly obtained) and one-third (34%) reported recent illicit use. Injecting and snorting were reported as routes of administration for illicit use. Daily use of illicit and licit benzodiazepine use was minimal (9%). The type most used was diazepam for both forms.
- One-tenth (10%) of the national sample reported recent licit use and two percent reported illicit use of **antidepressants**. Licit use was higher than illicit use in 2011 and 2010. ROA was mainly swallowing for both forms.
- One fifth (21%) of the EDRS sample reported recent **nitrous oxide** use in the six months preceding interview on a median of four days, comparable with 2011 results. Use was highest in TAS (27%) and WA (26%).
- Recent use of **amyl nitrate** (nationally) was reported by one-fifth (21%) in 2012. Use was occasional on a median of two days. Mostly used in NSW (37%).
- Twenty-seven percent of the national sample reported recent **mushroom** use, comparable to 2011 (29%). Use occurred on a median of two days, and 87% of recent users had used less than once per month.
- **Other drugs** discussed in this section include **heroin** and **other opiates**, **methadone**, **buprenorphine**, **pharmaceutical stimulants**, **over the counter (OTC) codeine**, **OTC stimulants** and **steroid use**.

Emerging psychoactive substances (EPS)

- In 2012 the number of EDRS participants that have consumed an EPS in the previous six month period was 40% including synthetic cannabis.
- The figure for synthetic cannabis has significantly increased in 2012 (15% in 2012 versus 6% in 2011) however, days of use nationally remains low (2 days; range 1-180).

- For more information regarding these drugs see: Bruno et al., (2012) Emerging psychoactive substance use among regular ecstasy users in Australia. *Drug and Alcohol Dependence* (http://www.sciencedirect.com/science/article/pii/S0376871611005205)

Health-Related Trends Associated with ERD use

- Of the national sample, 33% reported having ever **overdosed** on a **stimulant** drug and, of those, 68% had done so in the preceding 12 months. Ecstasy was the main drug to which participants attributed the stimulant overdose. Most stimulant OD occurred in private locations, which has major health implications. The most common symptoms reported were vomiting and increased heart rate. Of those that sought immediate treatment, most were attended to by an ambulance.
- Thirty-one percent of the national sample reported having ever **overdosed** on a **depressant** drug and, of those, 55% reported recent (last 12 months) overdose. Recent overdoses were most commonly attributed to alcohol (72%). Most depressant OD occurred in private locations. The most commonly reported symptom was vomiting. Of those that sought treatment, most were attended to by an ambulance.
- Of the national sample 13% had **accessed either a medical or health service** in relation to their drug use during the six months preceding interview. The services most commonly accessed by these participants were GPs (27%). In terms of medical issues (e.g. overdoses), the main issue for seeking medical attention was cutting down drug use (17%) followed by dependence/addiction (16%). The main drugs to seek medical attention for were alcohol (25%), cannabis (19%) and ecstasy (10%).
- In 2010/11, **treatment seeking** for ecstasy use (as the principal drug of concern) remained low in the general population at 1.0% of closed treatment episodes.
- A small proportion of participants (8%) were classified as currently experiencing very high psychological distress on the **Kessler Psychological Distress Scale**. The majority reported no or low distress (36%).
- Almost a third (32%) of the sample reported experiencing a **mental health problem** in the preceding six months; depression and anxiety were the most commonly reported.

Risk Behaviour

- Sixteen percent of the national sample reported having **injected** at some time in their lives; 43% of those reported injecting in the six months preceding interview. The mean age of first injection was 21 years of age. Among those who had injected in the preceding six months, the last drug injected was ice/crystal (31%) which differed from 2011 in which it was heroin.
- Syringes were typically obtained from a Needle and Syringe Program (NSP) (55%). Of those who had injected in the preceding six months very few respondents reported using a needle after someone else in the month preceding interview.
- Fifty-eight percent of the national sample reported they had completed the **vaccination** schedule for hepatitis B virus, the most common reason for the vaccination was being vaccinated as a child.
- Two-thirds (66%) of participants reported penetrative sex in the six months preceding interview with at least one **casual partner**. The majority of those had casual sex last time under the influence of alcohol, ecstasy and cannabis. Over half had used protection on this occasion.
- Just over three-quarters (76%) had **driven a car** in the last six months, 70% of those reported having been over the legal limit, and 58% had driven shortly after taking an illicit drug on a median of six occasions. The most commonly reported illicit drugs after which these participants had driven were cannabis and ecstasy. A small number reported positive notifications were from being saliva drug tested.

- Eighty-three percent of the national sample obtained a score of eight or more on the Alcohol Use Disorders Identification Test (AUDIT); these are levels at which alcohol intake may be considered hazardous.

Law Enforcement-Related Trends associated with ERD use

- Almost two-fifths of the sample reported engaging in some form of **criminal activity** in the month prior to interview.
- Drug dealing was the most common crime reported across all jurisdictions, with smaller proportions reported having committed fraud or a violent crime in the last month.
- Reports of any recent changes to **police activity** were that it had remained stable.
- Fourteen percent of the national sample had been arrested in the past year, compared with 16% in 2011. The most common charges reported were violent crimes (e.g. assault) and alcohol and driving offences.
- **Consumer arrests** appeared to have remained relatively stable across all drugs with minor decreases reported for cocaine and hallucinogens.

Special Topics of Interest

- **Fagerstrom test for nicotine dependence** score was calculated for participants for the first time in 2012. Sixteen percent of daily REU/RPU smokers obtained 6 or above indicating high nicotine dependence.
- In 2012, participants were asked questions regarding **dependence on ecstasy** based on the Severity of Dependence (SDS) scale. The median score of the scale was 1, with 28% of the sample reporting a cut –off of three or more and 21% reporting a cut-off of four or more both indicating dependence.
- EDRS participants were asked in 2012, questions related to **drug policies that were** drawn from the National Drug Strategy Household Survey. From those that commented 91% supported needle and syringe programs to reduce problems associated with heroin use, the majority of the participants also supported methadone/buprenorphine maintenance programs, treatment with drugs (other than methadone) and regulated injecting rooms.
- **Traumatic Brain Injury (TBI)** was also asked about in the 2012 EDRS questionnaire. Multiple TBIs were the norm with the median number of TBIs experienced over the lifetime equalling 2(1-30). Participants were asked further details about the most severe occasion. The vast majority of participants who had experienced a TBI reported that the LOC on the most severe occasion lasted only a few minutes (consistent with a mild injury). However, a reasonable proportion (15%) of this group reported a LOC of greater than half an hour (consistent with a moderate to severe TBI).
- An area of concern for this group is the combination of **Body Image issues** and psychostimulant use. One tenth of EDRS participants reported ever using illicit psychostimulants (IPS) to lose or maintain weight, of which 60% were female. The most commonly reported drug used for losing or maintaining weight was methamphetamine. Eight EDRS participants reported recent use of IPS to lose or maintain weight.

1 INTRODUCTION

This report provides a national summary of trends from the ninth year of monitoring ecstasy and related drug (ERD) markets across Australia. These trends have been extrapolated from the three data sources: interviews with current regular recreational drug users that use primarily non-injecting routes of administration for drug use; split into two groups there is regular ecstasy users (REU) and regular psychostimulant users (RPU); interviews with professionals who have contact with ecstasy users (key experts, or KE); and the collation of indicator data. The data sources are triangulated in order to minimise the biases and weaknesses inherent to each, and ensure that only valid emerging trends are documented.

The term 'ecstasy and related drugs' or 'psychostimulants' includes drugs that are routinely used in the context of entertainment venues and other recreational locations including nightclubs, dance parties, pubs and music festivals. ERD include ecstasy (MDMA, 3,4-methylenedioxymethamphetamine), methamphetamine, cocaine, LSD (*d*-lysergic acid), ketamine, MDA (3,4-methylenedioxyamphetamine) and GHB (gamma-hydroxybutyrate).

In 2012, the Ecstasy and Related Drugs Reporting System (EDRS) Project was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The project uses a methodology that was based on the methodology used for the Illicit Drug Reporting System (IDRS) (Topp et al., 2004). The IDRS monitors Australia's heroin, cocaine, methamphetamine and cannabis markets, but does not adequately capture ERD use and, therefore, there was a need to access a different population in order to obtain information on ERD markets. Consistency between the methodology of the main IDRS and this study was maintained where possible, as the IDRS has demonstrated success as a monitoring system.

The focus is on the capital city in each state/territory because new trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas. Detailed information from each state and territory is presented in individual jurisdictional reports which are available from the NDARC website. This report focuses on the 2012 data collection in all states/territories; reports from this and all previous years are available on the NDARC website[1]. Before 2003, data were collected in New South Wales (NSW), Queensland (QLD) and South Australia (SA) and some trend data are reported here; however, the reader should refer to the jurisdictional reports for more detailed trend information available from these years.

Please note that as with all statistical reports there is the potential for minor revisions of data in this report over its life. Please refer to the online version at www.ndarc.med.unsw.edu.au

1.1 Study aims

In 2012, the specific aims of the EDRS were to:

1. describe the characteristics of a sample of current REU/RPU interviewed in each capital city of Australia;
2. examine the patterns of ERD use of these samples;
3. document the current price, purity and availability of ERD across Australia;
4. examine participants' reports of ecstasy-related harm, including physical, psychological, occupational, social and legal harms; and
5. identify emerging trends in the ERD market that may require further investigation.

[1] See www.ndarc.med.unsw.edu.au for details.

2 METHOD

The EDRS used the methodology trialled in the feasibility study (Topp et al., 2004, Breen et al., 2002) to monitor trends in the markets for ERD. The three main sources of information used to document trends were:

1. face-to-face interviews with current REU/RPUrecruited in each capital city across Australia;
2. face-to-face and telephone interviews with KE (formally known as key informants, or KI) who, through the nature of their work, have regular contact with REU/RPU; and
3. indicator data sources such as the purity of seizures of ecstasy analysed and prevalence of use data drawn from the National Drug Strategy Household Surveys (NDSHS).

These data were used to provide an indication of emerging trends in ERD use, ERD markets and related issues. Comparisons of data sources were used to determine convergent validity of trends. The data sources were also used in a supplementary fashion, in which KE reports served to validate and contextualise the quantitative information obtained through the REU survey and/or trends suggested by indicator data. Comparable methodology was followed in each site for individual components of the EDRS. Further information on methodology in each jurisdiction in 2012 can be found in the jurisdictional reports, available from the NDARC website (www.ndarc.med.unsw.edu.au).

2.1 Survey of REU/RPU

Since 2003, the sentinel population chosen to monitor trends in ERD markets consisted of people who engaged in the regular use of the drug sold as 'ecstasy'. Although a range of drugs fall into the ERD category, ecstasy was considered one of the main illicit drugs used in Australia. It is the second most widely used illicit drug after cannabis with 3% of the population aged 14 years or older reporting recent use of ecstasy in the Australian Institute of Health and Welfare's *National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2011)*.

A growing market for ecstasy, i.e. tablets sold purporting to contain MDMA, has existed in Australia for more than a decade. In contrast, other drugs that fall into the class of ERD have either declined in popularity since the appearance of ecstasy in this country (e.g. LSD), fluctuate widely in availability (e.g. MDA), or are relatively new in the market and are not as widely used as ecstasy (e.g. ketamine and GHB). It was suggested (Topp and Darke, 2001) that it would be difficult to identify a regular user of GHB or ketamine who was not also an experienced user of ecstasy, whereas the reverse will often be the case. Ecstasy may be the first drug categorised under ERD with which many young Australians who choose to use illicit drugs will experiment, and a minority of these users will go on to experiment with the less common related drugs such as ketamine and GHB.

The entrenchment of ecstasy in Australia's illicit drug markets, relative to other related drugs, underpinned the decision that regular use of ecstasy could be considered the defining characteristic of the target population – REU (Topp and Darke, 2001). A sample of this population was successfully recruited and interviewed in the two-year feasibility trial, and was able to provide the data that were sought. However, as will become evident in the report, it is apparent that the ecstasy market and the regularity of its consumption and type of consumers may be changing. More discussion on this issue see Section 4.10: *Emerging Psychoactive Substances*. Therefore in 2012, due to difficulty in smaller jurisdictions in recruiting REU, RPU have also been recruited to provide information on ERD markets. Specifically, the numbers of REU and RPU are as follows: National REU n=576, RPU n=35

(6% of the national sample); NSW n=100 REU only; ACT n=51 REU only; VIC n=100 REU only; TAS n=100 REU only; SA n=92 REU only; WA n=65 REU, n=25 RPU; NT n=6 REU, n=6RPU; QLD n=58 REU, n=4 RPU.

Each jurisdiction obtained ethics approval to conduct the study from the appropriate Ethics Committees in their jurisdiction.

2.1.1 Recruitment

Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisements in entertainment street press, music and clothing stores, via internet websites (including drug information sites and forums as well as social media), gay and lesbian newspapers, on radio and at university campuses. Interviewer contacts and 'snowball' procedures (Biernacki and Waldorf, 1981) were also utilised. 'Snowballing' is a means of sampling hidden populations which relies on peer referral, and is widely used to access illicit drug users both in Australian (Boys et al., 1997, Ovendon and Loxley, 1996, Solowij et al., 1992) and international (Solowij et al., 1992, Dalgarno and Shewan, 1996, Forsyth, 1996, Peters et al., 1997) studies. Initial contact was established through advertisements or, less commonly, through interviewers' personal contacts. On completion of the interview, participants were asked if they would be willing to discuss the study with friends who might be willing and able to participate.

2.1.2 Procedure

Participants contacted the researchers by telephone (call or text) or email and were screened for eligibility. To meet entry criteria they had to be:

- at least 16 years of age (due to ethical constraints);
- have used ecstasy or other illicit psychoactive substances/stimulants including: MDA, methamphetamine, cocaine, ketamine, GHB, LSD, mephedrone or other EPS on at least six times during the preceding six months (equating to monthly use); and
- have been a resident of the capital city in which the interview took place for the past year. As in the main IDRS, the focus was on the capital city because new trends in illicit drug markets are more likely to emerge in urban areas rather than in remote or regional areas.

All information provided was confidential and anonymous, and the study involved a face-to-face interview that took approximately 45 minutes. All respondents were volunteers who were reimbursed $40 for time and expenses incurred. Informed consent to participate was obtained prior to the interview. All participants were assured that all information they provided would remain confidential and anonymous. Interviews took place in varied locations negotiated with participants, including the research institutions, coffee shops or parks, and were conducted by interviewers trained in the administration of the interview schedule. The nature and purpose of the study was explained to participants before informed consent was obtained.

2.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp et al., 1998, Topp et al., 2000), which incorporated items from a number of previous NDARC studies of users of ecstasy (Solowij et al., 1992) and powder amphetamine/methamphetamine (Darke et al., 1994) (Hando and Hall, 1993, Hando et al., 1997). The interview focused primarily on the preceding six months, and assessed:

- demographic characteristics;
- patterns of ERD use, including frequency and quantity of use and routes of administration;

- drug market characteristics: the price, purity and availability of different ERD;
- risk behaviours (such as injecting, sexual behaviour, driving under the influence of alcohol and other drugs);
- help-seeking behaviour;
- mental and physical health, personal health and wellbeing;
- self-reported criminal activity;
- ecstasy-related problems, including relationship, legal and occupational problems;
- general trends in ERD markets, such as new drug types, new drug users and perceptions of police activity; and
- areas of special interest including: Fagerstrom nicotine test, neurological history, body image perceptions, drug policy attitudes

2.1.4 Data analysis

The EDRS participant survey results are used as the primary basis on which to estimate drug trends. These participants provide the most comparable information on drug price, availability and use patterns in all jurisdictions and over time. However, purity of drug seizures data provided by the Australian Crime Commission (ACC) are an objective indicator of drug purity, and data are also presented in this report. Other indicator data are reported to provide a broader overview and a basis against which trends in EDRS participant data may be contextualised. KE data are discussed within the individual jurisdictional reports to provide a context around the quantitative data from the EDRS surveys.

For continuous, normally distributed variables, *t*-tests were employed and means reported. Where continuous variables were skewed, medians were reported and the Mann-Whitney *U*-test, a non-parametric analogue of the *t*-test (Siegel and Castellan, 1988), was employed. Categorical variables were analysed using χ^2. To investigate differences between states/territories, dummy variables were created and an individual state/territory was compared against all the other states/territories combined. All analyses were conducted using SPSS for Windows, Version 20.0 SPSS Inc, 2011). More detailed analyses on specific issues may be found in other literature, including quarterly bulletins and peer-reviewed articles produced by the project, details of which may be found on the NDARC website[2].

2.2 Survey of KE

To maintain consistency with the main IDRS, it was decided that the eligibility criterion for KE participation in the EDRS would be regular contact, in the course of employment, with a range of ERD users throughout the preceding six months.

The interview schedule was a semi-structured instrument that included sections on drug use patterns, drug availability, criminal behaviour, health issues and police activity. The majority of interviews took approximately 45 minutes to one hour to conduct. Notes were taken during the interview and the responses were analysed and sorted for recurring themes. Interviews were conducted either in person or via telephone between July and October 2012. KE were renumerated with a small gift (e.g. box of chocolates, coffee) for their time.

One-hundred KE across the country participated in the 2012 EDRS. These included law enforcement personnel, drug treatment staff, harm reduction workers (including needle and syringe program (NSP) workers), emergency workers, ambulance services, first aid workers/'drug rovers', forensic scientists, counsellors, health promotion officers, peer educators, youth workers, DJs, party promoters/event organisers, policy officers, researchers, dealers/users and venue managers/staff. Many KE reported they had contact with a range of REU, although several also reported having contact with specific groups such as youth, people who regularly inject drugs, human immunodeficiency virus (HIV) -positive people, and the gay and lesbian community.

[2] See www.ndarc.med.unsw.edu.au for details (click on 'Drug Trends').

KE reports are critical in providing a context within which the EDRS participant data may be understood, e.g. in providing an indication of the extent to which trends may be extending to groups of users in other areas. Detailed reports of key findings arising from KE interviews may be found in each jurisdictional report available on the NDARC website: www.ndarc.med.unsw.edu.au.

2.3 Other indicators

To complement and validate data collected from user surveys and KE interviews, a number of secondary data sources were examined. These included data from health, survey, research and law enforcement sources.

Data sources that are included in the national IDRS report were obtained as part of the National Illicit Drug Indicators Project (NIDIP) and include:

- The 2010 NDSHS (AIHW, 2011);
- Drug purity data provided by the ACC. These data include the number and median purity of seizures of illicit drugs made by state/territory and federal law enforcement agencies that were analysed in Australia;
- Data on consumer and provider arrests by drug type provided by the ACC;
- Data from the National Hospital Morbidity Database (NHMD) provided by the AIHW (the ACT, TAS, NT, QLD, SA, NSW, VIC and WA health departments contribute to this database);
- Data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS-NMDS) provided by the AIHW;
- National notifiable diseases surveillance data provided by the AGDH&A National Notifiable Disease Surveillance System (NNDSS);
- Cocaine and amphetamine-related overdose fatalities provided by the Australian Bureau of Statistics (ABS); and
- Data on the number and weight of seizures of illicit drugs made at the border provided by the Australian Customs Service (ACS).

3 DEMOGRAPHICS

- EDRS participants in 2012 continue to be a group that are aged in their mid-20s (mean age of 25 years), predominantly male (65%), the majority identifying as heterosexual (87%) and being single (59%). Small proportions reported currently being in drug treatment which was mainly drug counselling.
- The participants interviewed were well educated: 50% had obtained post-secondary qualifications; while 14% were full-time students.
- One quarter (27%) of the national sample was currently in full-time employment. The mean weekly income was $570. The main source of income was salary/wages (61%). Over half were renting (57%) or living in the parental/family home (35%).
- In 2012, participants were recruited primarily through word-of-mouth and adverts in street press. Although the same recruitment methodology to previous years was applied, difficulty was experienced in the NT and the ACT and QLD in being able to recruit 100 REU in the allotted time period.
- Data across time show that key demographic characteristics of the sample have remained stable.

In the 2012 EDRS, 607 participants were interviewed. Due to difficulty with recruitment in some of the smaller jurisdictions, the criteria were broadened to include regular psychostimulant use (i.e. six separate occasions over the last six months of any ERD). These participants were termed regular psychostimulant users (RPU). The national sample comprised: 100 REU from Sydney (NSW), 100 REU from Melbourne (VIC) and 100 REU from Hobart (TAS); 92 REU from Adelaide (SA), 65 REU and 25 RPU in Perth (WA), 58 REU and 4 RPU in Brisbane and Gold Coast (QLD); 51 REU in Canberra (ACT) and 6 REU and 6 RPU from Darwin (NT). The sample size was predetermined, with each state/territory aiming to interview 100 REU. Although the same recruitment strategies were employed across all jurisdictions, certain states found it difficult to recruit 100 eligible participants in the required timeframe. This may indicate a smaller or more hidden population of REU in these jurisdictions, which is further discussed in the ecstasy chapter. Given the small numbers in the NT, a bulletin has been released with the 2012 findings (Whittaker, Van Buskirk & Burns, 2013; please see the NDARC website for details).

3.1 Overview of the REU participant sample

Three fifths (65%) of the national sample interviewed in 2012 were male. The mean age of the sample was 25 years (SD=6.76, range=17-57). There was a significant difference between gender and age, with males found to be significantly older than females (25.26 *vs.* 23.44, $t_{543.138}$=3.504, p<0.05). Most participants identified as heterosexual and nominated English as the main language spoken at home. The majority of participants were also born in Australia (84%) with the following majority born in the United Kingdom (4%) and New Zealand (3%). A minority (2%) identified as being of Aboriginal and/or Torres Strait Islander (ATSI) descent. The majority lived in either their own premises (purchased or rented) or in their parents' or family's house (Table 1).

The mean number of years of school education completed by the sample was 12 (SD=0.82, range=6-12), and 77% had completed high school education (year 12 or above). More than half had completed courses after school, with 27% having completed a trade or technical qualification and 23% having completed a university degree or college course. Main source of income for this sample was wages or salary (61%) followed by government benefits (30%), parental allowance (5%), criminal activity (1%), and other means (3%). Mean weekly income nationally was $576 with variations across jurisdictions (Table 1).

Over half (59%) of the national sample reported that they were of single status and one-third (30%) had a partner. Eight percent reported being married or living in a de facto relationship, and less than 1% reported that they were separated, divorced or widowed respectively.

Five percent (n=29) of the national sample reported that they were currently in drug treatment (Table 1). Of those that were in treatment, drug counselling was reported as their main form of treatment (n=10), with small numbers (n<5) reporting other treatments including methadone and buprenorphine (Subutex or Suboxone) treatment.

Table 1: Demographic characteristics of REU, 2012

(%)	National 2011 N=574	National 2012 N=607	NSW n=100	ACT n=51	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Mean age (years)	24	**25**	25	25	24	24	24	24	33	26
Male	69	**65**	64	71	67	55	73	60	67	69
English speaking background	98	**98**	98	98	94	100	98	97	100	98
Aboriginal and/or Torres Strait Islander	1	**2**	2	0	2	3	1	2	8	5
Sexual identity										
Heterosexual	88	**87**	82	84	90	81	90	96	83	89
Gay male	4	**4**	8	2	5	1	3	1	8	3
Lesbian	2	**2**	5	4	2	1	0	0	0	2
Bisexual	5	**6**	4	6	3	14	7	2	8	5
Other	<1	**1**	1	4	0	3	0	1	0	2
Mean years of school education (n)	12	**12**	12	11	12	12	12	12	11	11.5
Tertiary qualifications	46	**50**	39	49	51.5	43	47	67	75	52
Employed full time	25	**27**	27	37	23	25	30	28	8	27
Students[#]	10	**14**	10	6	8	35	9	4	8	26
Unemployed	22	**16**	17	16	16	9	13	21	8	19
Mean weekly income ($)	N=522 $546	**N=590 $576**	N=97 $527	N=51 $657	N=99 $553	N=100 $577	N=88 $510	N=85 $634	N=11 $876	N=59 $584
Accommodation										
Own house/flat	5	**5**	4	8	4	4	7	4	8	5
Rented house/flat	61	**57**	49	61	57	70	45	53	83	68
Family home	29	**35**	45	28	38	23	47	39	8	21
Boarding House/hostel	3	**1**	1	2	0	1	1	2	0	2
Shelter /refuge	<1	**<1**	0	0	1	0	0	0	0	0
No fixed address	2	**<1**	1	2	0	2	1	0	0	0
Currently in drug treatment	5	**5**	3	10	7	5	3	3	0	5

Source: EDRS interviews
[#] Question wording changed in 2007 to include only full-time students
Note: Meanweekly income first included in 2009

The demographic characteristics of the EDRS participants recruited were generally consistent across jurisdictions, though some differences were noted. Table 2 presents key demographic characteristics across time. The age of EDRS participants in the national sample, have consistently been aged, on average, in their mid-20s. Other key demographic characteristics have also remained consistent across time. The proportions reporting a prison history and/or current engagement in drug treatment have remained low, supporting previous

findings that REU are a group with little contact with law enforcement and drug treatment services.

Table 2: Demographic characteristics of REU, 2003-2012

(%)	2003 N=809	2004 N=852	2005 N=810	2006 N=752	2007 N=741	2008 N=678	2009 N=756	2010 N=693	2011 N=574	2012 N=607
Mean age (n; range)	25 (15-59)	24 (16-61)	24 (16-61)	25 (16-71)	25 (16-54)	25 (17-59)	24 (16-54)	24 (16-59)	24 (16-57)	**25 (17-57)**
Male	60	62	59	63	58	57	64	58	69	**65**
English speaking background	98	98	98	98	98	98	98	98	98	**98**
Heterosexual	82	83	84	84	81	81	86	86	88	**87**
Tertiary qualifications	46	50	50	45	56	53	43	47	46	**50**
Employed full time	30	37	35	37	33	41	29	29	25	**27**
Unemployed	25	16	14	16	16	11	18	14	22	**16**
Prison history	8	7	8	7	6	4	6	4	n.a	**5**
Currently in drug treatment	6	3	3	4	4	3	3	4	5	**5**

Source: EDRS interviews

3.1.1 Recruitment of REU sample, 2012

Participation in the EDRS and/or IDRS study in previous years has continued to be reported by a minimal number of participants. Participants that meet criteria for the IDRS, that is regular injectors of illicit drugs, are purposefully screened out of the EDRS as they become a sentinel group able to provide information of a different nature for the IDRS study. Street press advertising continued to be the medium which most participants were recruited followed by word-of-mouth and then fliers (Table 3). Despite the use of the same methodology, participants in the NT and WA were extremely difficult to recruit in the given timeframe. See Figure A1 for total number of participants recruited over time. For further explanation on jurisdictional differences please consult the relevant 2012 jurisdictional report.

Table 3: Previous participation in the EDRS and IDRS and source of participant recruitment, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=574	**2012 N=607**	**n=100**	**n=51**	**n=100**	**n=100**	**n=90**	**n=90**	**n=12**	**n=100**
Previously participated in EDRS	18	**13**	13	22	9	22	13	3	17	15
Where found out about EDRS survey recruitment										
Internet	9	**12**	18	2	21	1	11	20	0	7
Word of mouth	31	**40**	38	32	32	70	28	40	8	34
Advert in street press	39	**37**	40	60	39	10	57	33	8	33
Fliers	20	**11**	3	6	7	19	3	6	75	26
Other	2	**<1**	0	0	1	0	0	0	1	0
Previously participated in IDRS	1	**1**	1	6	0	1	1	0	0	1

Source: EDRS REU interviews

4 CONSUMPTION PATTERN RESULTS

4.1 Drug use history and current drug use

- Ecstasy appears to be returning as a drug of choice (32% in 2012 from 27% in 2011). Alcohol experienced a significant increase in preference in 2012 (11% in 2011 to 15% in 2012, $p<0.05$) to overtake cocaine (13%) and remain behind cannabis (19%).
- Poly drug use is reported by this sample at a fortnightly to weekly frequency.
- Almost half of the sample commented on changes in the drug market over the preceding six months to interview, the main themes included: the quality of ecstasy/MDMA increasing, new drugs on the market such as 2C-B, DMT and caps, and an increase in prevalence of ice/crystal and acid (LSD).

In 2012, participants were asked about lifetime (i.e. ever having used) and recent (last six months) use of a broad range of drug types, including alcohol and tobacco.

The participants recruited for the EDRS were well placed to comment on the market characteristics of the main drugs focused on in the EDRS, namely ecstasy, methamphetamine, cocaine, ketamine, GHB and LSD.

Participants reported the use of a wide range of other drugs in their lifetime (Table 4). A small proportion of participants reported the use of less commonly used substances, including many of the synthetic analogues known as 'research chemicals' including mephedrone, ivory wave, DMT (a powerful hallucinogen); synthetic drugs such as 2C-I, 2C-B and benzylpiperizines (BZP); and naturally occurring drugs, such as kava (data not shown). First included in 2010 and continued in 2011, the EDRS included a section investigating the prevalence of use of these substances in this sample. Results can be found in the Section *4.10: Emerging psychoactive substances*. Jurisdictional reports may also provide a more detailed overview of the use of these drugs in those areas.

The drugs most likely to have ever been used and to have been used in the preceding six months were alcohol, followed by cannabis and tobacco (Table 4). Sixteen percent of the national sample reported having ever injected a drug, and 13% of the sample had injected a drug in the six months preceding interview.

Table 4: Lifetime and recent (last six months) polydrug use of REU, 2012

(%)	National 2011 N=574	National 2012 N=607	NSW n=100	ACT n=51	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Ever injected a drug	20	**16**	20	28	13	12	7	10	33	29
Injected drug recently	N=410 18	**N=468** **13**	n=88 16	n=48 21	N=77 10	n=21 29	n=85 7	n=6 0	n=10 0	n=53 21
Alcohol										
ever used	99.7	**99**	98	98	100	99	99	100	100	98
recent use	98	**96**	95	94	97	98	99	96	83	90
median days recent use (n; range)	48 (2-180)	**48 (1-180)**	48 (2-180)	24 (1-180)	48 (1-180)	80 (13-180)	48 (1-180)	48 (1-180)	60 (12-180)	48 (1-180)
Cannabis										
ever used	98	**98**	99	100	97	96	98	99	100	98
recent use	85	**82**	86	92	85	69	88	77	83	81
median days recent use (n; range)	48 (1-180)	**60 (1-180)**	48 (1-180)	120 (1-180)	72 (1-180)	120 (1-180)	48 (1-180)	48 (1-180)	27 (3-180)	48 (1-180)
Tobacco										
ever used	95	**95**	96	100	94	95	96	96	92	92
recent use	86	**83**	91	92	87	80	85	67	75	84
median days recent use (n; range)	180 (1-180)	**180 (1-180)**	180 (4-180)	180 (1-180)	180 (1-180)	180 (1-180)	180 (2-180)	157.50 (2-180)	180 (1-180)	180 (1-180)
Meth. powder (speed)										
ever used	77	**76**	67	82	94	87	59	62	83	86
recent use	49	**48**	31	63	77	61	24	27	58	58
median days recent use (n; range)	5 (1-180)	**5 (1-180)**	2 (1-180)	10 (1-180)	6 (1-120)	3 (1-40)	2.5 (1-90)	2 (1-20)	3^ (1-12)	6 (1-110)
Meth. base										
ever used	36	**31**	38	37	22	38	41	8	25	45
recent use	16	**15**	9	28	13	16	24	1	8	19
median days recent use(n; range)	4 (1-150)	**3 (1-120)**	2 (1-30)	3.5 (1-20)	4 (1-18)	2 (1-20)	5.5 (1-120)	2^ (-)	12^ (-)	3.5 (1-100)
Crystal meth. (ice/crystal)										
ever used	43	**48**	32	39	57	32	53	58	50	66
recent use	26	**29**	18	26	48	10	32	33	25	40
median days recent use (n; range)	6 (1-159)	**6 (1-170)**	8 (1-96)	5 (1-48)	8.5 (1-170)	1.5 (1-12)	6 (1-48)	4 (1-130)	3^ (1-4)	6 (1-120)
Meth. (any form)										
ever used	*83*	***84***	*69*	*88*	*95*	*89*	*74*	*81*	*92*	*97*
recent use	*60*	***61***	*42*	*73*	*84*	*64*	*48*	*47*	*75*	*76*
median days recent use (n; range)	*6 (1-180)*	***6 (1-180)***	*4.5 (1-180)*	*10 (1-180*	*10 (1-170)*	*3 (1-55)*	*6 (1-150)*	*4 (1-132)*	*3^ (1-12)*	*7 (1-180)*
Cocaine										
ever used	79	**73**	81	72	72	61	66	71	75	79
recent use	46	**40**	57	37	54	26	37	31	17	34
median days recent use (n; range)	2 (1-120)	**3 (1-100)**	3 (1-90)	4 (1-60)	3 (1-50)	2 (1-20)	2 (1-14)	2 (1-29)	2.5^ (1-4)	4 (1-100)
LSD										
ever used	73	**68**	84	86	63	68	52	57	75	74
recent use	46	**34**	43	38	38	30	19	33	42	34
median days recent use (n; range)	3 (1-72)	**3 (1-48)**	3 (1-24)	5 (1-30)	3 (1-30)	3 (1-30)	2 (1-15)	2 (1-20)	3 (1-12)	2 (1-48)

Source: EDRS interviews
^ small numbers interpret with caution
Note: Median days have been rounded to whole numbers.

Table 4: Lifetime and recent (last six months) polydrug use of REU, 2012 continued

(%)	National 2011 N=574	National 2012 N=607	NSW n=100	ACT n=51	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
MDA										
ever used	25	**25**	28	28	27	13	33	17	33	31
recent use	12	**10**	16	14	12	4	9	4	0	13
median days recent use (n; range)	2 (1-24)	**3 (1-30)**	2.5 (1-24)	4 (2-5)	2 (1-30)	9^ (4-30)	2.5^ (1-5)	1^ (1-4)	- (-)	2^ (1-9)
Ketamine										
ever used	42	**39**	48	45	63	25	37	18	25	36
recent use	16	**14**	24	14	35	4	10	3	8	7
median days recent use (n; range)	2 (1-100)	**2 (1-24)**	3 (1-12)	1^ (1-5)	2 (1-15)	2^ (1-3)	2^ (1-24)	5^ (1-5)	1^ (-)	1^ (-)
GHB/1,4B/GBL										
ever used	22	**21**	22	35	24	10	25	4	8	44
recent use	7	**7**	11	6	7	2	12	1	0	10
median days recent use (n; range)	2 (1-125)	**2 (1-135)**	2 (1-90)	2^ (1-10)	6 ^ (1-135)	1^ (-)	1^ (1-6)	1^ (-)	- (-)	1.5^ (1-10)
Amyl nitrate										
ever used	60	**48**	70	51	53	53	32	24	42	55
recent use	26	**21**	37	20	21	24	17	10	8	16
median days recent use (n; range)	3 (1-100)	**2 (1-180)**	3 (1-180)	6 (1-72)	2 (1-48)	2 (1-14)	4 (1-72)	1^ (1-6)	1^ (-)	1 (1-48)
Nitrous oxide										
ever used	52	**54**	46	45	39	80	52	53	42	61
recent use	25	**21**	12	24	22	27	20	26	17	18
median days recent use (n; range)	4 (1-180)	**4 (1-100)**	3.5 (1-21)	4.5 (1-90)	5 (1-72)	4 (1-50)	3.5 (1-12)	2 (1-40)	5.5^ (5-6)	5 (1-100)
Licit benzodiazepines										
ever used	21	**18**	19	26	19	18	16	8	17	29
recent use	14	**12**	13	12	15	10	11	7	8	19
median days recent use (n; range)	30 (1-180)	**30 (1-180)**	24 (1-180)	30^ (6-180)	32.5 (1-180)	27.5 (3-180)	138 (2-180)	8^ (2-48)	1^ (-)	177 (3-180)
Illicit benzodiazepines										
ever used	53	**49**	50	51	54	37	40	56	25	65
recent use	34	**26**	21	16	39	25	24	24	17	32
median days recent use (n; range)	5 (1-180)	**4 (1-180)**	3 (1-24)	5.5^ (2-15)	5 (1-180)	5 (1-90)	2.5 (1-72)	2 (1-20)	13.5^ (3-24)	6 (1-74)
Any benzodiazepines (licit/illicit)										
ever used	*61*	***55***	*57*	*63*	*58*	*45*	*47*	*56*	*33*	*76*
recent use	*43*	***33***	*30*	*24*	*43*	*31*	*32*	*28*	*25*	*47*
median days recent use (n; range)	*7.5 (1-180)*	***5 (1-180)***	*5.5 (1-180)*	*12 (2-180)*	*5 (1-180)*	*5 (1-180)*	*6 (1-180)*	*2 (1-48)*	*3^ (1-24)*	*11 (1-180)*

Source: EDRS interviews
^ small numbers interpret with caution
Note: Median days have been rounded to whole numbers.

Table 4: Lifetime and recent (last six months) polydrug use of REU, 2012 continued

(%)	National 2011 N=574	National 2012 N=607	NSW n=100	ACT n=51	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Licit pharm. stimulants										
ever used	6	**9**	9	10	4	10	8	9	17	15
recent use	2	**2**	2	2	2	0	2	2	0	2
median days recent use (n; range)	180 (1-180)	**126 (4-180)**	38^ (4-72)	180^ (-)	100^ (20-180)	- (-)	95^ (10-180)	96^ (12-180)	- (-)	180^ (-)
Illicit pharm. stimulants										
ever used	53	**58**	58	71	43	46	48	91	58	60
recent use	27	**28**	24	33	19	20	19	64	17	19
median days recent use (n; range)	4 (1-100)	**4 (1-180)**	2 (1-30)	3 (1-15)	3 (1-96)	3 (1-20)	3 (1-100)	6 (1-180)	13.5^ (3-24)	2.5 (1-90)
Any pharm. stimulants (licit/illicit)										
ever used	*57*	***62***	*62*	*75*	*46*	*49*	*52*	*93*	*58*	*66*
recent use	*28*	***29***	*25*	*35*	*21*	*20*	*19*	*67*	*17*	*21*
median days recent use (n; range)	*4 (1-180)*	***4 (1-180)***	*2 (1-102)*	*3 (1-180)*	*4 (1-180)*	*3 (3-20)*	*4 (1-180)*	*6 (1-180)*	*13.5^ (3-24)*	*3 (1-180)*
Licit antidepressants										
ever used	23	**23**	19	26	31	13	22	20	17	40
recent use	9	**10**	9	10	14	4	12	8	8	11
median days recent use (n; range)	180 (1-180)	**180 (2-180)**	90^ (15-180)	180^ (-)	180 (15-180)	180^ (48-180)	180 (14-180)	180^ (4-180)	30^ (-)	180^ (2-180)
Illicit antidepressants										
ever used	8	**8**	7	4	11	5	10	12	0	5
recent use	2	**2**	2	0	5	1	1	1	0	0
median days recent use (n; range)	2.5 (1-48)	**4.5 (1-24)**	1^ (-)	- (-)	8^ (1-14)	24^ (-)	2^ (-)	3^ (-)	- (-)	- (-)
Any antidepressants (licit/illicit)										
ever used	*29*	***28***	*24*	*28*	*36*	*16*	*27*	*29*	*17*	*45*
recent use	*11*	***11***	*11*	*10*	*18*	*4*	*13*	*9*	*8*	*11*
median days recent use (n; range)	*120 (1-180)*	***180 (2-180)***	*60^ (1-180)*	*180^ (-)*	*115 (1-180)*	*180^ (72-180)*	*150 (2-180)*	*180^ (3-180)*	*30^ (-)*	*180^ (2-180)*
Magic mushrooms										
ever used	70	**71**	57	84	75	81	69	70	83	67
recent use	29	**27**	21	45	37	26	26	26	8	15
median days recent use (n; range)	3 (1-32)	**2 (1-30)**	2 (1-5)	5 (1-30)	2 (1-7)	2.5 (1-24)	1.5 (1-6)	1 (1-5)	3^ (-)	1 (1-8)

Source: EDRS interviews
^ small numbers interpret with caution
Note: Median days have been rounded to whole numbers.

Table 4: Lifetime and recent (last six months) polydrug use of REU, 2012 continued

(%)	National N=574 2011	National 2012 N=607	NSW n=100	ACT n=51	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Heroin										
ever used	18	**14**	14	26	17	10	12	6	25	23
recent use	7	**5**	9	12	5	1	8	1	0	2
median days recent use (n; range)	12 (1-180)	**5 (1-130)**	12^ (1-130)	16.5^ (1-124)	15^ (1-105)	4^ (-)	5^ (1-16)	1^ (-)	- (-)	40^ (-)
Methadone										
ever used	8	**8**	11	12	7	9	9	2	0	13
recent use	3	**3**	8	4	2	4	1	0	0	0
median days recent use (n; range)	4 (1-180)	**24 (1-180)**	53^ (2-180)	90.5^ (1-180)	165^ (150-180)	14.5^ (3-48)	1^ (-)	- (-)	- (-)	- (-)
Buprenorphine										
ever used	7	**6**	4	12	7	4	10	3	0	10
recent use	4	**3**	2	6	3	2	5	0	0	7
median days recent use (n; range)	21 (1-180)	**24 (1-180)**	10.5^ (6-15)	180^ (90-180)	8^ (1-44)	92^ (24-160)	1^ (1-50)	- (-)	- (-)	132.5^ (1-180)
Other opiates licit										
ever used (%)	21	**13**	17	2	9	8	11	16	0	31
recent use (%)	8	**5**	5	0	3	2	5	6	0	15
median days recent use	5 (1-180)	**10 (1-180)**	12^ (1-30)	- (-)	10^ (1-15)	12^ (4-20)	5^ (1-18)	5^ (1-60)	- (-)	12^ (1-180)
Other opiates illicit										
ever used	27	**25**	23	29	25	16	21	37	25	32
recent use	14	**9**	8	6	10	4	9	14	17	15
median days recent use(n; range)	4 (1-180)	**3 (1-170)**	8.5^ (1-20)	1^ (1-6)	2^ (1-20)	4^ (1-5)	5^ (2-170)	2 (1-12)	3^ (1-5)	3^ (1-6)
Any other opiates										
ever used	42	**15**	18	8	15	12	15	8	33	25
recent use	20	**5**	4	4	6	4	3	2	25	8
median days (n; range)	1 (1-180)	**5 (1-72)**	5^ (2-15)	4.5^ (4-5)	2^ (1-30)	3.5^ (1-22)	48^ (5-72)	11^ (10-12)	6^ (4-15)	6^ (2-14)
OTC codeine										
ever used	59	**23**	26	20	23	21	23	20	50	28
recent use	42	**14**	12	8	12	16	14	14	33	18
median days pain use* (n; range)	6 (1-180)	**4 (1-180)**	24^ (1-48)	4^ (-)	- (-)	6^ (0-24)	5^ (0-180)	0 (0-5)	4^ (2-100)	2.5^ (1-48)
median days other use** (n; range)	4.5 (1-177)	**4 (0-180)**	4^ (1-20)	6^ (0-10)	4.5 (1-180)	4 (1-40)	1^ (1-6)	3 (0-30)	12^ (-)	6^ (1-84)
OTC stimulants										
ever used	40	**15**	18	8	15	12	15	8	33	25
recent use	23	**5**	4	4	6	4	3	2	25	8
median days recent use (n; range)	5 (1-96)	**5 (1-72)**	5^ (2-15)	4.5^ (4-5)	2^ (1-30)	3.5^ (1-22)	48^ (5-72)	11^ (10-12)	6^ (4-15)	6^ (2-14)
Steroids										
ever used	4	**2**	1	0	3	1	3	2	17	3
recent use	2	**1**	0	0	1	0	0	1	0	3
median days recent use (n; range)	21 (1-180)	**25.5^ (7-90)**	- (-)	- (-)	14^ (-)	- -	- (-)	7 (-)	- (-)	63.5^ (37-90)

Source: EDRS interviews
^ small numbers interpret with caution
Note: Median days have been rounded to whole numbers.
*of those that used OTC codeine for pain use
**of those that used OTC codeine for other than pain use

Increasing and decreasing trends are evident across time in relation to lifetime and recent use of ecstasy and related substances (Table 5). In 2012, of interest is the increasing trend of lifetime and recent use of any form methamphetamine, which appears to be due to the increasing trend in ice/crystal methamphetamine.

Table 5: Lifetime and recent (last six months) polydrug use of REU, 2003-2012 2012

(%)	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Alcohol										
ever used	98	99	99	99	100	99	99	99	100	**99**
used last six months	93	95	97	96	98	97	97	97	98	**96**
Cannabis										
ever used	96	96	97	98	100	97	98	99	98	**98**
used last six months	85	81	84	83	87	76	82	80	85	**82**
Meth. powder (speed)										
ever used	87	85	89	86	82	77	74	76	77	**76**
used last six months	73	68	74	64	57	46	45	47	49	**48**
Meth. base										
ever used	51	53	52	52	45	39	33	30	36	**32**
used last six months	36	39	38	34	26	18	15	13	16	**15**
Crystal meth. (ice/crystal)										
ever used	63	63	60	65	54	47	36	38	43	**48**
Meth. (any form)^										
ever used	92	91	94	93	89	83	79	81	83	**84**
used last six months	84	83	84	82	71	59	54	56	60	**61**
Cocaine										
ever used	54	54	61	63	66	68	63	73	79	**73**
used last six months	24	27	41	37	40	36	39	48	46	**40**
LSD										
ever used	65	60	64	61	61	58	61	63	73	**68**
used last six months	29	26	32	29	28	30	34	38	46	**34**
MDA										
ever used	33	32	20	23	24	21	14	17	25	**25**
used last six months	19	15	9	7	6	4	5	7	12	**10**
Ketamine										
ever used	40	40	38	35	39	35	29	36	42	**39**
used last six months	26	23	21	14	16	12	10	12	16	**14**
GHB/1,4B/GBL+										
ever used	22	23	21	20	20	17	14	18	22	**21**
used last six months	12	11	10	9	7	7	4	6	7	**7**
used last six months	52	45	38	49	33	24	15	17	26	**29**

Source: EDRS interviews

+ GHB category also includes 1,4 butanediol (1,4B) and GBL

^ Refers to participants who nominated one or more of the following drugs: speed, base and/or ice/crystal

4.1.1 Injecting drug use

Sixteen percent of the national sample reported that they had injected a drug in their lifetime, and 9% of the sample had injected in the preceding six months. Among those who had recently injected: methamphetamine ((ice/crystal) the most commonly last injected drug in the preceding six months), followed by heroin. For further details, please refer to Section 7.1: *Injecting Risk Behaviour*.

4.1.2 Drug of choice and binge drug use

Ecstasy was the drug of choice for one-third (32%) of respondents in 2012. The next most commonly preferred drug was cannabis, followed by alcohol and cocaine (Table 6). Trend data would indicate that whilst in recent years ecstasy has been declining in preference (42% in 2009 to 27% in 2011) it has now begun to return into favour (Figure 1). Alcohol has significantly increased from 2011 (11%) to 2012 (15%; *p<0.05*) and has been on an increasing trend since monitoring began in 2003, at which preference for alcohol was 3% of the sample.

Participants were asked whether they had binged on ERD in the six months proceeding interview. Bingeing was defined as using drugs on a continuous basis for more than 48 hours without sleep (Ovendon and Loxley, 1996). One-fifth (39%) of the national sample had binged on one or more drugs in the preceding six months on a median of two occasions (range 1-26). The median length of the longest binge was three-and a-half days (84 hours; see Table 6).

Amongst those who had binged for over 48 hours, ecstasy (76%) was the drug most commonly reported being used in a binge session. Alcohol more than five standard drinks (70%), cannabis (56%), speed (33%), energy drinks (22%) and ice/crystal methamphetamine (40%) were also frequently reported as being used in a binge session. Other drugs mentioned included LSD (15%), cocaine (15%), base (10%), benzodiazepines (9%), nitrous oxide (7%), mushrooms (5%), pharmaceutical sitmulants (8%), ketamine (7%), amyl nitrate (4%), and GHB (4%). Several emerging psychoactive stimulants (EPS) WERE also mentioned as a bingeing agent by (1%; n=7 participants).

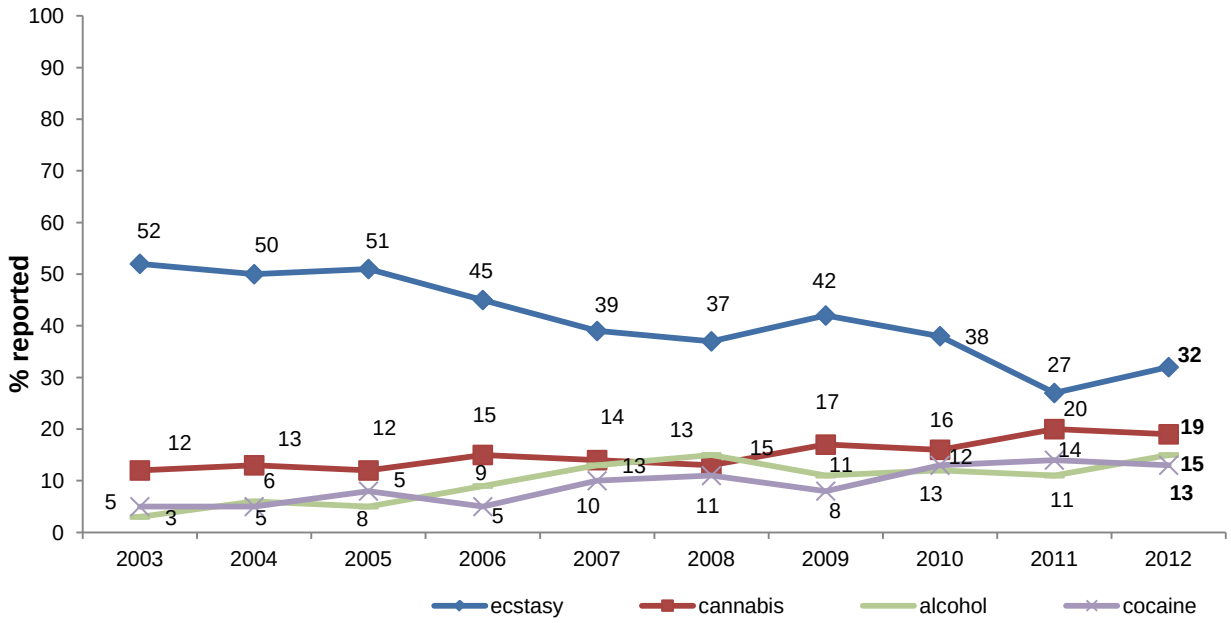
Table 6: Drug of choice and recent (last six months) bingeing among REU, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=574	2012 N=607	NSW n=100	ACT n=51	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Drug of choice (%)										
Ecstasy	27	**32**	38	29	35	32	28	36	25	21
Cannabis	20	**19**	21	29	18	12	19	21	0	19
Alcohol	11	**15** ↑	12	14	11	18	33	9	17	8
Cocaine	14	**13**	6	0	7	28	7	16	17	21
LSD	7	**5**	8	2	4	1	3	9	0	5
Ice/crystal	3	**3**	3	4	9	0	0	1	0	2
Speed	5	**4**	1	6	6	3	2	1	8	13
Heroin	3	**2**	0	4	2	3	1	0	0	2
Base	<1	**<1**	0	0	0	0	1	0	0	0
Mushrooms	2	**2**	1	8	3	0	0	2	0	3
Ketamine	2	**<1**	1	0	2	1	0	0	8	0
GHB*	<1	**<1**	2	0	1	0	1	0	0	0
Pharmaceutical stimulants	0	**<1**	0	0	0	0	0	4	8	0
Benzodiazepines	<1	**<1**	0	0	0	1	0	0	0	0
Binged on any stimulant	41	**39**	29	45	38	31	55	37	17	48

Source: EDRS interviews

* 'Binged' was defined as the use of any stimulant for more than 48 hours continuously without sleep

Figure 1: Drug of choice for REU, 2003-2012



Source: EDRS interviews

In 2012, participants were asked which drug they had used most often in the month prior to interview (see Table 7). Similar to recent use patterns reported by participants (Table 4), alcohol (32%) followed by cannabis (30%) and ecstasy (19%) were the drugs most often reportedly used. Where there was a discrepancy between nominated drug of choice and drug most often used, participants were asked the reason for this and the most common responses given for this were availability of the drug of choice (17%), price of the favourite drug (12%), health effects (6%), low purity of the favourite drug (3%), and peer influence (3%).

Table 7: Drug used most often in the last month among REU, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=574	2012 N=607	n=100	n=51	n=100	n=100	n=92	n=90	n=12	n=62
Cannabis	31	30	37	31	29	24	24	33	8	34
Alcohol	25	32	23	16	18	51	36	49	33	23
Ecstasy	19	19	22	24	26	9	24	7	25	24
Speed	6	3	2	2	5	1	1	1	8	8
Tobacco	6	8	8	20	3	15	11	1	0	2
Ice/crystal	3	5	2	2	15	0	2	6	0	5
LSD	2	<1	0	0	0	0	0	2	0	0
Cocaine	2	1	3	0	0	0	0	0	8	2
Heroin	2	<1	0	4	0	0	0	0	0	2
Other opiates	1	<1	0	0	1	0	1	0	0	0

Source: EDRS interviews
Note: Mushrooms, methadone, pharmaceutical stimulants, benzodiazepines, base, MDA, ketamine, GHB and amylnitrate were all mentioned by n<5 participants each.

4.1.3 Polydrug use in REU, 2012

In 2012, participants were asked how often they used ERD. The majority of respondents reported between monthly and weekly use which is supportive of the literature which indicates that this sample of regular ecstasy/psychostimulant users is a poly drug using group. In comparison to 2011, there has only been slight variations of between month to

weekly use. Very small numbers were reported for daily and more than once a day use (see Table 8).

Table 8: Frequency of polydrug use in the REU sample, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=571	2012 N=606	n=99	n=51	n=100	n=100	n=92	n=90	n=12	n=62
Not in the last month	3	**6**	0	8	2	11	0	16	17	5
Monthly	22	**17**	16	12	11	22	16	26	42	10
Fortnightly	36	**34**	39	31	32	39	37	26	17	32
Weekly	28	**27**	31	35	28	21	30	22	8	27
More than once a week	9	**14**	12	12	26	4	13	10	17	24
Once a day	1	**1**	1	0	1	1	2	0	0	2
More than once a day	<1	**<1**	0	2	0	2	1	1	0	0

Source: EDRS interviews

4.1.4 Change in trends of ERD use

Participants were asked to report if they had experienced anything novel regarding drug use (new drugs, routes of administration, types of people using) in the last six months. Proportions that reporting that there were changes are shown below in Table 9 (41% in 2012 versus 45% in 2011).

Nationally, the common themes reported were:

- The quality of MDMA (ecstasy) pills increasing;
- New drugs on the market and friends or participants seeing and using more of these drugs such as DMT, 2C-B and Caps;
- an increase in drug use presence of ice/crystal methamphetamine and LSD (“acid”)

Readers are directed to jurisdictional reports for further in depth analysis of these trends.

Table 9: Proportion that reported recent changes in social drug use patterns, 2012

(%)	National 2011 N=569	National 2012 N=603	NSW n=100	ACT n=50	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=59
Changes in drug use	45	**41**	35	38	55	19	52	42	33	51

Source: EDRS interviews

4.2 Ecstasy use

- Ecstasy tablets were used on a median of 12 days in the six months prior to interview, i.e. approximately fortnightly. Thirteen percent of participants reported using ecstasy more than weekly (pills only).
- Ecstasy was again used in a variety of forms: pills/tablets, powder and capsules. In 2012, in VIC and NSW there were reports of a new form of MDMA rock/crystal.
- A significant decrease was detected in those using drugs during the 'come down' phase of ecstasy.
- Participants reported using a median of two tablets in a typical session of use, a median of 2 lines, and two capsules in average sessions of use.
- The median age at which ecstasy was first used was 17 years, and was used regularly (at least monthly) at a median age of 19 years. No sex differences were found.
- Ecstasy remained to be seen as a 'social' drug with participants reporting 'most' (43%) of their friends consumed it.
- Current domestic and EDRS market indicators would suggest that ecstasy consumption is beginning to return to previous levels of those seen in recent years. See section 5.1 *Ecstasy* for more information.

4.2.1 Ecstasy use among REU

The median age at which participants in the 2012 national sample first used ecstasy was 17 years (range=12-52 years, see Table 10). Participants reported that regular (at least monthly) ecstasy use occurred at a median of 19 years (range=14-52 years). The median length of time since participants reported first using regularly was four years (range=0-26 years).

Participants in the national sample had used ecstasy (referring to ecstasy tablets only) on a median of 12 days in the preceding six months (range=1-120 days). There was no significant difference reported in median days use in 2012 compared with 2011, *p>0.05*. Just over half (44%, 52% in 2011) of participants had used between monthly and fortnightly (inclusive), 24% (26% in 2011) had used between fortnightly and weekly and 13% (9% in 2011) had used ecstasy more than once per week[3].

The median number of ecstasy tablets taken in a typical or average use episode in the preceding six months was two tablets (range=0.5-15 tablets), one-third (30%) reported using over two tablets per session. During the heaviest use episode in the preceding six months, participants in the national sample reported a median of four tablets (range=1-40 tablets; see Table 11).

The majority of participants reported using pills recently, while other forms of capsules (53%) and ecstasy powder (25%) continue to gain in popularity of use. There has also been reports in VIC and NSW of MDMA rock/crystal however, numbers are small so this issue will be investigated nationally in 2013.

Thirty percent of the national sample reported having binged on ecstasy in the preceding six months; the longest binge session reported was a median of 60 hours (range= 48-558 hours). NSW and VIC reported the longest binge sessions of a median of 72 hours (three days). A summary of these findings is shown in Table 10.

[3] Considering ecstasy pills, powder and capsules together, results were: 52% had used between monthly and fortnightly (inclusive); 32% had used between fortnightly and weekly; and 17% had used more than once per week.

Table 10: Patterns of ecstasy use among REU, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=574	2012 N=607	n=100	n=51	n=100	n=100	n=92	n=90	n=12	n=62
Median age first used ecstasy (years)	17	**17**	17	17	17	17	17	18	18	17
Median age first used ecstasy regularly (years)	18	**19**	18	18	19	19	18	19	20	18
Median days used ecstasy in the last six months#	12	**12**	12	12.5	12	10	12	6.5	9	18
Used ecstasy# more than weekly (%)	22	**22**	22	24	24	11	30	12	0	39
Median tablets in typical session	2	**2**	2	2	2	2	2.5	2	2	2
Typically use >2 tablets (%)	32	**30**	28	39	34	15	51	18	25	34
Forms used (%)										
Pills	97	**95**	99	94	92	92	98	100	67	95
Capsules	53	**53**	57	61	67	75	29	32	25	52
Powder	26	**25**	20	35	31	30	11	26	17	31
Recently binged* on ecstasy (%)	33	**30**	24	37	26	27	43	26	8	34
Ever injected# ecstasy (%)	6	**6**	8	6	4	4	3	4	0	16
Use other drugs with ecstasy (%)	92	**91**	87	94	95	89	98	92	50	87
Use other drugs to come down from ecstasy (%)	62	**56 ↓**	62	71	56	63	53	39	33	57

Source: EDRS interviews
* Binged defined as the use of ecstasy for more than 48 hours continuously without sleep
# Refers to ecstasy 'pills' only; excludes powder and capsules
Note: Medians rounded to nearest whole number.

Table 11: Quantity of average and heavy session use of ecstasy pills, powder and capsules, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=574	2012 N=607	n=100	n=51	n=100	n=100	n=93	n=92	n=12	n=62
Pills used in an average session	2 (0.25-12)	2 (0.75-15)	2	2	2	2	2.5	2	2	2
Pills used in a heavy session	4 (1-30)	4 (1-40)	4	5	4	3	5	3	2	5
Powder used in an average session (grams)	0.5 (0.1-3)	0.5 (0.1-3)	0.5	0.3	0.5	0.5	1	0.5	-	0.5
Powder used in heavy session (grams)	1 (0.1-6.5)	0.9 (0.1-6)	0.6	0.5	1	0.5	0.9	0.5	1	1
Powder used in an average session (lines)	2.5 (1.5-5)	2 (1-10)	2^	-	2^	3^	2^	1.5^	-	3^
Powder used in heavy session (lines)	3 (1-8)	2.5 (1-10)	3^	-	2^	6^	2^	-	1.5^	5.5^
Capsules used in an average session	2 (0.33-10)	1 (0.5-6)	1	1	2	2	1	1	2	2
Capsules used in a heavy session	2 (0.33-17.50)	2 (1-21)	2	2	2	3	2	1	4	3

Source: EDRS interviews
^ small numbers so please interpret with caution

Participants were also asked what proportion of their friends used ecstasy (see Table 12). As ecstasy is considered to be a drug that is used whilst in the company of others, usually at a public location where there is music, participants were asked what proportion of their friends also used ecstasy, to which the majority reported 73% that most (to about half) of their friends used ecstasy. Smaller proportions reported that all (8%) or a few (19%) of their friends used ecstasy. There was little to no variation in reports of proportions of friends that use ecstasy from 2011 to 2012.

Table 12: Proportions of friends that use ecstasy, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=569	2012 N=604	n=100	n=50	n=100	n=100	n=92	n=90	n=12	n=60
All friends	8	**8**	11	14	4	5	12	6	0	5
Most friends	41	**43**	41	38	48	46	38	46	25	48
About half	31	**30**	34	28	29	33	40	26	25	17
A few	20	**19**	14	20	19	16	10	23	50	30
None	<1	**0**	0	0	0	0	0	0	0	0

Source: EDRS interviews

4.2.2 Other drug use with ecstasy and when coming down from ecstasy

The majority (91%) of REU interviewed reported that they usually used other drugs with ecstasy.

Eleven participants (2%) had used EPS with ecstasy, with three participants reporting mephedrone. As in previous years, alcohol, tobacco and cannabis were the most commonly reported drugs typically used with ecstasy (see Table 13).

Table 13: Drugs usually used in combination with ecstasy among those who used other drugs with ecstasy, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=563	2012 N=603	n=100	n=51	n=100	n=100	n=91	n=90	n=12	n=61
Alcohol >5 standard drinks	68	**64**	55	58	62	85	70	59	25	56
Tobacco	62	**51**	57	54	55	54	53	38	25	51
Cannabis	44	**38**	38	60	44	24	44	30	17	38
Energy drinks	18	**9**	4	8	4	30	6	0	0	10
Meth. (any form)	21	**17**	8	30	31	10	12	9	25	23
Speed	14	**10**	4	26	20	9	3	2	17	13
Cocaine	7	**6**	9	8	8	3	7	1	0	7
LSD	8	**6**	11	12	3	6	1	4	8	2
Pharmaceutical Stimulants	2	**3**	2	0	2	0	1	13	0	0
Ice/crystal	7	**7**	4	6	15	1	6	7	8	13
Amyl nitrate	3	**1**	3	2	1	1	1	0	0	0
Base	3	**1**	0	6	0	0	6	0	0	0
Benzodiazepines	6	**3**	3	4	2	2	3	0	0	4
Ketamine	3	**2**	7	0	4	0	1	0	0	0
Nitrous oxide	2	**2**	2	0	4	2	1	1	8	2
GHB	1	**1**	3	0	2	0	1	0	0	2

Source: EDRS interviews

Over half (56%) of the sample also used other drugs to come down from ecstasy. This is a significant decrease from that reported in 2011 (62% in 2011 versus 56% in 2011, $p<0.05$) (see Table 14). Similarities in drug types used are reported across 2011-12.

Table 14: Drugs used to come down from ecstasy last time used, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=568	2012 N=604	n=99	n=51	n=100	n=100	n=91	n=90	n=12	n=61
Used drugs to come down from ecstasy	62	**56**	62	71	56	63	53	39	33	57
Cannabis	48	**40**	51	57	40	44	39	26	33	31
Alcohol >5 standard drinks	10	**9**	11	4	3	29	2	1	8	5
Alcohol <5 standard drinks	3	**4**	5	8	1	6	2	2	8	3
Tobacco	16	**15**	33	24	6	26	10	3	8	3
Benzodiazepines	13	**9**	6	4	13	10	9	6	0	21
OTC Codeine	2	**2**	1	0	0	3	2	0	17	2
Meth. (any form)	<1	**<1**	0	0	0	0	1	0	0	1
Speed	<1	**<1**	0	0	0	0	0	0	0	1
Ice/crystal	<1	**0**	0	0	0	0	0	0	0	0
Nitrous oxide	<1	**0**	0	0	0	0	0	0	0	0
Ketamine	1	**<1**	1	0	0	0	0	0	0	0
Base	<1	**<1**	0	0	0	0	1	0	0	0
GHB	<1	**1**	1	0	1	0	1	0	0	2
LSD	<1	**0**	0	0	0	0	0	0	0	0
Cocaine	0	**<1**	0	0	0	0	2	0	0	1
Pharmaceutical stimulants	0	**<1**	0	2	0	0	0	0	0	0
Energy drinks	n.a	**<5**	0	0	0	2	0	0	1	0

Source: EDRS interviews

4.2.3 Route of administration

Table 15 presents the 'main' route of administration (ROA) by jurisdiction for all forms of ecstasy. The majority of participants (88%) nominated oral ingestion as their main route of administration, 11% mainly snorted the drug, and small numbers mainly injected it.

In relation to ecstasy pills/tabs, 94% of participants had swallowed ecstasy pills, 61% had snorted them, 5% had shelved/shafted (refers to vaginal/anal administration respectively), 3% had smoked and 2% had injected ecstasy pills. These figures were comparable to those reported in 2011. Ecstasy capsules were swallowed by 50% of the entire sample (29% in 2011), 30% had snorted, 2% had smoked, six participants had injected and six participants had shelved/shafted ecstasy capsules recently. Ecstasy powder was swallowed by 19% of the national sample in the preceding six months (9% in 2010), snorted by 21%, smoked by 2% of EDRS participants and injected by six participants. No participants reported having shelved or shafted ecstasy powder during that time. Figures were comparable to 2011 results.

Table 15: Main ROA of ecstasy in the last six months, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=574	2012 N=574	n=100	n=80	n=101	n=75	n=76	n=28	n=11	n=103
Swallow	86	**88**	92	90	89	75	94	93	80	89
Snort	14	**11**	7	10	10	24	7	7	20	8
Inject	<1	**1**	1	0	0	1	0	0	0	2
Other	<1	**<1**	0	0	1	0	0	0	0	0

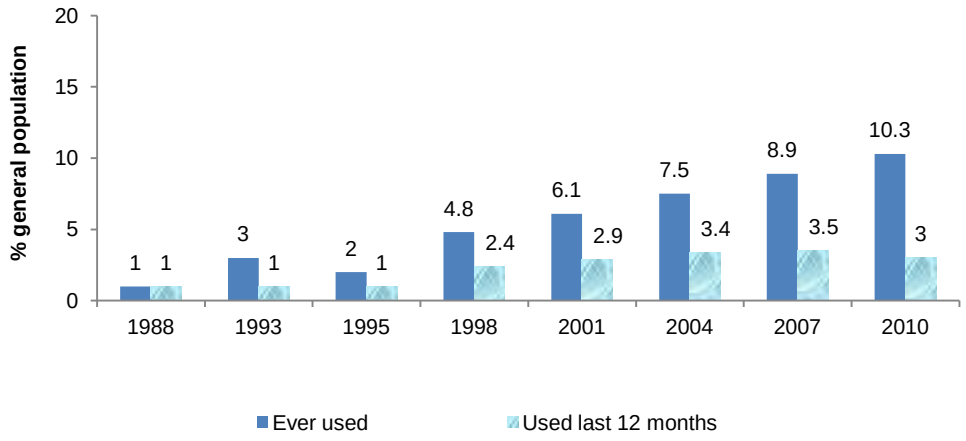
Source: EDRS interviews
Note: 'Other' includes methods of smoking and shelve/shaft

4.2.4 Use of ecstasy in the general population

Ecstasy remained the second most commonly used illicit drug in Australia, behind cannabis. Since ecstasy was first included in the NDSHS in 1988, reported lifetime prevalence of ecstasy use among the general population aged 14 years and above increased from 1% in 1988 to 8.9% in 2007. For the first time since 1995, there was a statically significant decline in recent ecstasy use between 2007 and 2010 (Figure 2). This decrease was seen amongst males and those aged between 14-19 years of age (AIHW, 2011b).

Ecstasy use remained highest among those aged 20-29 years , with 1 in 4 (24.2%) ever using ecstasy and 1 in 10 (9.9%) using it in the previous 12 months (AIHW, 2011b).

Figure 2: Prevalence of ecstasy use in Australia, 1988-2010



Source: NDSHS 1988-2007 (Commonwealth Department of Community Services and Health, 1988, Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, 2005, 2008, 2011b)

Note: In the 2001 and earlier surveys, ecstasy was analysed as ecstasy/designer drugs, the term 'designer drugs' not being defined in the survey. The 2004 survey separated out ecstasy, ketamine and GHB and did not cover any other 'designer drugs'

4.3 Methamphetamine use

The majority of participants reported lifetime use of one or more forms of methamphetamine (speed, base and/or ice/crystal) and over half reported use of one or more of these forms during the six months preceding interview.
The median frequency of methamphetamine use (any form) among users was six days (approximately monthly) in the preceding six months. Daily use was uncommon, with two participants reporting daily use (speed) in 2012. Thirteen percent of the national sample reported having ever injected methamphetamine (any form).

Speed powder

- Just under half (48%) of the sample reported the use of speed in the six months prior to interview. The median days of use was five days. As in 2011, VIC was the jurisdiction with the highest reported use of speed powder. The mean age of first use was 19 years.
- Among recent speed users, snorting (73%) and swallowing (60%) were the most common routes of recent (last six months) administration. The amount used in an average session was 0.5 gram and the amount used in a heavy session was one gram.

Base

- Fifteen percent of participants reported using base in the six months prior to interview. The median days of use was three days. SA (24%) was the jurisdictions with the highest reported base use. The mean age of first use was 21 years.
- Among recent base users, swallowing was the most commonly nominated ROA (76%). The average amount used in a typical and heavy session was two points.
- Base is the least common form of methamphetamine used by participants.

Ice/crystal

- Twenty-nine percent of the national sample reported recent ice/crystal use. The median days of use among those who had recently used was stable at six days (approximately monthly). VIC (48%) was the jurisdiction with the most recent ice/crystal use reported. The mean age of first use was 22 years.
- The most common ROA for ice/crystal was smoking (88%). The average amount used in a typical session was 1.5 points and for a heavy session 2.5 points.

4.3.1 Methamphetamine use among REU

The majority (84%) of the national sample reported having used one or more forms of methamphetamine (speed, base and/or ice/crystal) at some stage during their lifetime (see Figure 3). Over half (61%) of the national sample reported use during the preceding six months, ranging from the highest use reported in VIC (84%) to the lowest use reported in NSW (42%). These results are consistent with 2011 data. Speed was the form accounting for the majority of recent any methamphetamine use. Thirteen percent of participants in the national sample reported having ever injected methamphetamine. Frequency of use among recent users averaged approximately monthly use (median six days; Table 16). Nationally, 56% of recent users reported using less than monthly, 22% used between monthly and fortnightly, 8% had used between fortnightly and weekly and 14% had used weekly or more often. Daily use of methamphetamine was uncommon in this group, being reported by two participants of the entire sample. Levels of reported use were comparable to 2011 results.

Table 16: Patterns of methamphetamine (any form) use among REU, 2012

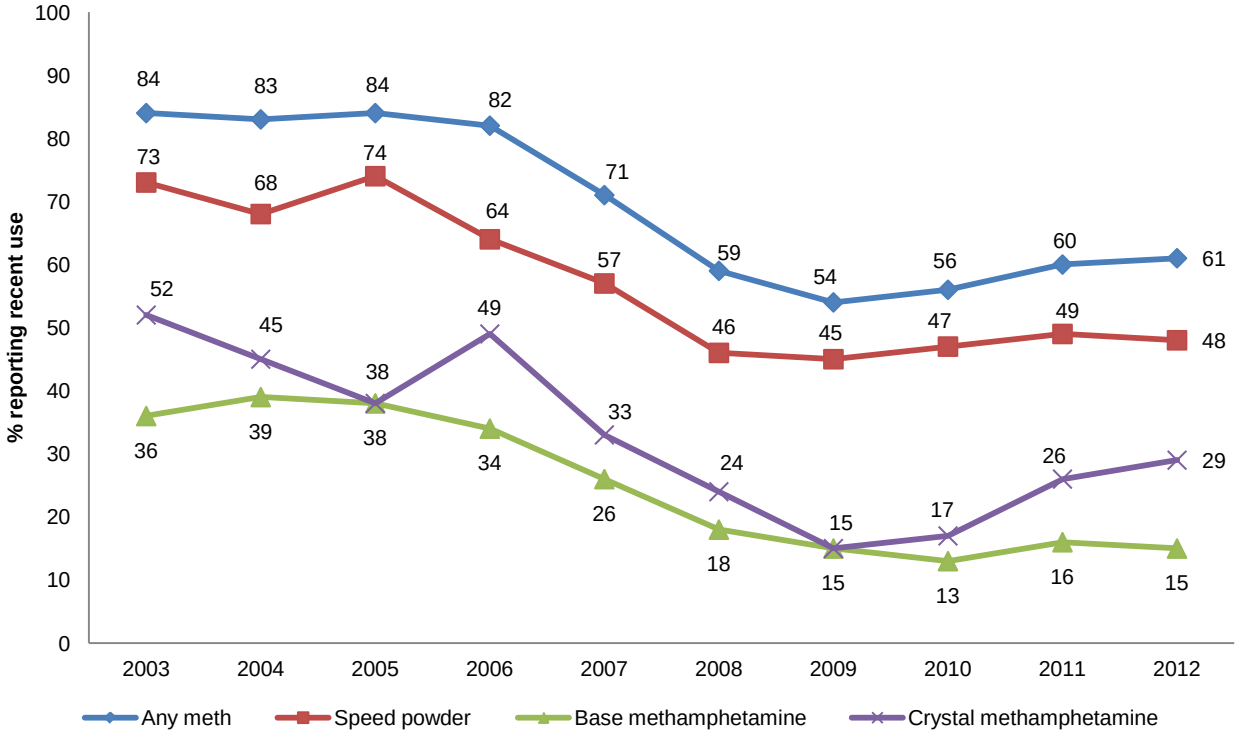
(%)	National 2011 N=574	National 2012 N=607	NSW n=100	ACT n=51	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Ever used	83	**84**	69	88	95	89	74	81	92	97
Ever injected	14	**13**	18	22	10	8	7	9	8	26
Used last six months	60	**61**	42	73	84	64	48	47	75	76
Median days used* last six months (n;range)	6 (1-180)	**6 (1-180)**	4.5 (1-180)	10 (1-180)	10 (1-170)	3 (1-55)	6 (1-150)	4 (1-132)	3 (1-12)	7 (1-180)

Source: EDRS interviews

* Among those who had used recently.

Note: Includes speed, base and ice/crystal. Medians rounded to nearest whole number.

Figure 3: Recent any methamphetamine, speed powder, base and ice/crystal methamphetamine use, 2003-2012



Source: EDRS interviews

4.3.1.1 Methamphetamine powder (speed)

Three-quarters (77%) of participants in the 2012 national sample reported lifetime speed use and half (48%) had used speed in the preceding six months (Table 17). Those who had used speed recently reported first using it at mean age of 19 years (SD=3.1, range=13-35). No significant difference was found between recent six monthly use from 2011 to 2012 *(p*>0.05*).*

The most common ROA for speed was snorting followed by swallowing and smoking (Table 17).

Of those who recently used speed, the median number of days used was five, ranging from having used once to daily use. Over half of recent users (56%) used less than once a month (55% in 2011), 28% used speed between monthly and fortnightly (also 23% in 2011), 8% between fortnightly and weekly (10% in 2011) and 9% used speed more than once a week (12% in 2011). Daily use was uncommon, being reported by two participants (n=1 in 2011).

Recent speed users reported using a median of half a gram in a typical session of use (range=0.5-5 grams) and one gram in the heaviest recent session of use (range=0.05-7 grams).

Table 17: Patterns of methamphetamine powder (speed) use among REU, 2012

(%)	National 2011 N=574	National 2012 N=607	NSW n=100	ACT n=51	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Ever used	77	**77**	67	82	94	87	59	62	83	86
Ever injected	12	**11**	13	18	9	7	7	7	8	21
Used last six months	49	**48**	31	63	77	61	24	27	58	58
Snorted*	70	**73**	71	59	92	77	55	75	86	46
Swallowed*	63	**60**	45	94	55	64	46	38	57	75
Injected*	14	**11**	16	16	7	7	14	13	0	19
Smoked*	35	**36**	7	47	62	5	55	38	0	44
Shelved*	1	**0**	0	0	0	0	0	0	0	0
Median days used* last six months (n; range)	5 (1-180)	**5 (1-180)**	2 (1-180)	10 (1-180)	6 (1-120)	3 (1-40)	2.5 (1-90)	2 (1-20)	3 (1-12)	6 (1-110)
Average grams used (median; range)*	0.5 (0.05-3.5)	**0.5 (0.05-5)**	1 (0.25-2)	0.5 (0.05-3)	0.5 (0.25-5)	0.5 (0.25-2)	1 (0.2-2)	0.25 (0.2-2)	0.65 (0.25-2)	0.5 (0.3-2)
Heaviest grams used (median; range)*	1 (0.1-10)	**1 (0.05-7)**	1.25 (0.25-4)	1 (0.05-6)	1 (0.25-7)	0.88 (0.25-4)	1 (0.5-5.5)	0.5 (0.2-4)	1 (0.25-2)	1 (0.5-3)
Drug of choice	5	**4**	1	6	6	3	2	1	8	13
Binged on speed**	38	**33**	21	52	50	48	22	12	0	38

Source: EDRS interviews
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
Note: Medians rounded to nearest whole number

4.3.1.2 Methamphetamine base

Almost one-third (32%) of participants in the national sample reported lifetime use of base and 15% had used it in the six months preceding interview . The mean age of first use (among those who had recently used base) was 21 years (range=14-42 years). There was no significant difference found between recent users from 2011 to 2012 (*p*>0.05).

Most recent base users reported swallowing (76%) followed by smoking (46%) and snorting (28%) as the most common ROA. Injecting as a ROA was reported by 15% of recent users; much fewer than 21% reported in 2011. The median number of days used was three (sporadic use), ranging from having used base on only one day to to 120 days (Table 18). There was no significant difference in median days used in 2011 compared to 2012 (*p*>0.05).

The majority of recent base users (62%) had used less than monthly; 28% used base between monthly and fortnightly; five participants used between fortnightly and weekly (n=9 in 2011) and four participants used base more than once a week (n=9 in 2011). There were no reports of daily use.

Recent base users reported using a median of two points in a typical session of use (range=0.1-14 points) and two points in the heaviest recent session of use (range=0.2-30 points).

Table 18: Patterns of methamphetamine base use among REU, 2012

(%)	National 2011 N=574	National 2012 N=607	NSW n=100	ACT n=51	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Ever used	36	**32**	38	37	22	38	41	8	25	45
Ever injected	8	**6**	9	8	4	2	4	3	8	18
Used last six months	16	**15**	9	28	13	16	24	1	8	19
Swallowed*	74	**76**	67	86	62	100	64	0	100	83
Smoked*	48	**46**	0	36	69	19	73	100	0	50
Snorted*	27	**28**	44	36	46	6	32	0	100	8
Injected*	21	**15**	22	21	15	13	14	0	0	8
Median days used* last six months (n; range)	4 (1-150)	**3 (1-120)**	2 (1-30)	3.5 (1-20)	4 (1-18)	2 (1-20)	5.5 (1-120)	2 (-)	12 (-)	3.5 (1-100)
Average points used (median; range)*	2 (0.1-20)	**2 (0.1-14)**	1^ (0.1-2)	2 (0.2-10)	2^ (0.5-15)	2 (0.5-3)	2 (0.5-14)	1 (-)	- -	2^ (1-4)
Heaviest points used (median; range)*	2 (0.1-30)	**2 (0.2-30)**	2^ (0.5-3)	2.5 0.2-14)	2^ (0.5-10)	2 (1-4)	2.2 0.5-30)	2^ (-)	- -	2.5^ (2-5)
Drug of choice	<1	**<1**	0	0	0	0	1	0	0	0
Binged on base**	13	**9**	7	17	8	3	18	0	0	3

Source: EDRS interviews
* Of those who used in the six months preceding interview
**Of those that had used stimulants for more than 48 hours
^ Small numbers responded; interpret with caution
Note: Medians rounded to nearest whole number.

4.3.1.3 Crystalline methamphetamine (ice/crystal)

Forty-eight percent of the participants in the 2012 national sample reported having ever used ice/crystal and around one-quarter (29%) had used ice/crystal in the six months preceding interview (Table 19). The mean age of first use, among those who reported using ice/crystal recently, was 22 years (median = 20 years, range=14-45 years).

Of those who reported recent use of ice/crystal, the most common ROA was smoking (88%); notable proportions also reported swallowing, snorting, injecting the drug in the past six months (Table 19).

Of those who reported recent use of ice/crystal, the median number of days used was six, (monthly use) ranging from having used once in the preceding six months to approximately almost daily (170 days; Table 20). There was no significant difference in median days use of ice/crystal in 2011 compared with 2012 (p>0.05). Forty-nine percent of recent users reported using less than monthly (50% in 2011), 26% between monthly and fortnightly (25% in 2011), five participants reported between fortnightly and weekly use and three participants reported using more than weekly. There were no reports of daily use in 2012.

The median amount of ice/crystal used in a typical or average use episode in the preceding six months was one-and-a-half points (range=0.1-7 points). Recent ice/crystal users reported using a median of two-and-a-half points (range=0.1-30 points) during the heaviest recent use episode.

Table 19: Patterns of crystalline methamphetamine (ice/crystal) use among REU, 2012

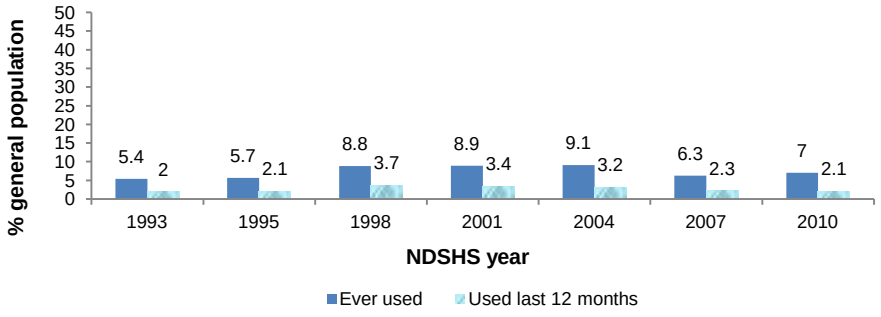
(%)	National 2011 N=574	National 2012 N=607	NSW n=100	ACT n=51	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Ever used	43	**48**	32	39	57	32	53	58	50	66
Ever injected	11	**10**	15	20	7	4	3	8	0	18
Used last six months	26	**29**	18	26	48	10	32	33	25	40
Snorted*	25	**20**	17	15	25	10	14	30	33	12
Swallowed*	36	**30**	17	23	23	40	52	23	0	38
Injected*	23	**20**	50	54	8	20	10	13	0	24
Smoked*	80	**88**	83	85	98	70	90	90	67	80
Median days used* last six months (n; range)	6 (1-159)	**6 (1-170)**	8 (1-96)	5 (1-48)	8.5 (1-170)	2 (1-12)	6 (1-48)	4 (1-130)	3^ (1-4)	6 (1-120)
Average points used (median; range)*	2 (0.20-20)	**1.5 (0.1-7)**	1.25 (0.25-3)	1 (0.17-5)	1.5 (0.1-7)	1^ (1-3)	1 (0.25-7)	1 (0.2-7)	4^ (-)	2 (0.5-5)
Heaviest points used (median; range)*	2.5 (0.2-35)	**2.5 (0.1-30)**	3 (0.3-5)	3 (0.17-25)	2.5 (0.1-10)	1.75^ (1-5)	2.25 (0.25-30)	2 (0.2-14)	4^ (-)	2.25 (0.5-5)
Drug of choice	3	**3**	3	4	9	0	0	1	0	2
Binged on ice/crystal**	32	**40**	41	39	71	13	34	36	50	40

Source: EDRS interviews
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
^ small numbers responded; interpret with caution
Note: Medians rounded to nearest whole number.

4.3.1.4 Meth/amphetamine use in the general population

The NDSHS presents the proportion of the Australian general population who have ever used methamphetamine as well as the proportion that have used the drug in the past 12 months (see Figure 4). A noticeable increase in the lifetime use occurred between 1995 and 1998, with the proportion of the Australia general population having ever used methamphetamine remaining stable until 2007 at which time it began to decrease. In 2010, a significant increase was reported in lifetime use compared with 2007. Past-year use of methamphetamine is reported at similar levels of those reported in 2007 and 1995. Males aged 20-29 years were the only group to record a significant decrease in recent (past 12 months) use.

Figure 4: Prevalence of methamphetamine use in Australia, 1993-2010



Source: NDSHS 1993-2007 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, 2005, 2008, 2011b)

4.4 Cocaine use

Current use

- Two-fifths (40%) of the national sample reported cocaine use in the six months prior to interview, a significant decrease from 2011 (46%, *p<0.05*). NSW (57%) and VIC (54%) were the jurisdictions that reported the most amount of recent use.
- Among recent users, cocaine had typically been snorted (97%), or swallowed (31%). The mean age of first use was 21 years.
- Frequency of cocaine use remained low at a median of three days (sporadic use) during the six months prior to interview. The majority (76%) had used less than once per month. There were no reports of daily use.
- The median amount of cocaine used in a typical session of use was half a gram and in a heavy session it was one gram.
- Cocaine was the drug of choice for 13% of the EDRS sample, similar to levels reported in 2011 (14%).

4.4.1 Cocaine use among REU

The majority (73%) of the participants in the national sample reported having ever used cocaine and two-fifths (40%) had used cocaine in the six months preceding interview (Table 20). There was a significant difference found in recent use of cocaine in 2012 compared with 2011 (40% in 2012 versus 46% in 2011, $p<0.05$). The majority of cocaine use continues to be reported on the east coast in NSW (57%) and VIC (54%). The mean age of first use, among those who reported having used cocaine recently, was 21 years (median = 20, range=15-46 years).

Of those who had used cocaine, the median number of days of use was three, ranging from having used cocaine once to 100 days (Table 20). There was no significant difference detected in median days of use between 2011 and 2012 ($p>0.05$). The majority (76%) had used less than monthly; 13% had used between monthly and fortnightly; 6% reported using between fortnightly and weekly and ten participants had used cocaine once a week or more. There was no reported daily use of cocaine.

Cocaine was predominantly snorted (97%), with substantial proportions also reporting swallowing as an ROA.

The median amount of cocaine used in a typical or average use episode in the preceding six months was half a gram (range=0.1-3 grams). Recent cocaine users reported using a median of one gram (range=0.1-8 grams) during the heaviest use episode in the last six months (Table 20).

Table 20: Patterns of cocaine use, 2012

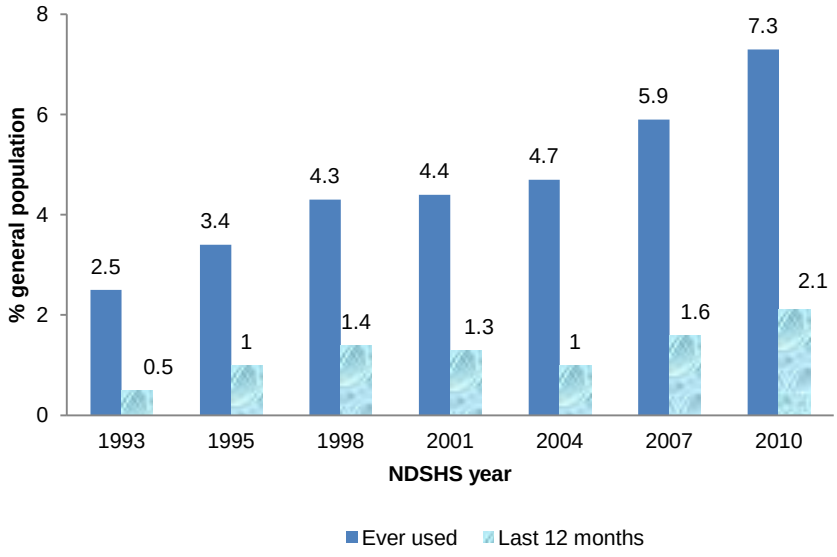
(%)	National 2011 N=574	National 2012 N=607	NSW n=100	ACT n=51	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Ever used	79	**73**	81	78	78	61	66	71	75	79
Ever injected	5	**6**	12	6	4	4	3	2	8	13
Used last six months	46	**40**	57	37	54	26	37	31	17	34
Snorted*	97	**97**	97	95	96	96	100	100	100	95
Swallowed*	28	**31**	39	26	24	54	21	29	0	29
Injected*	2	**3**	5	5	4	0	0	0	0	0
Smoked*	6	**5**	2	26	9	0	0	0	0	5
Median days used* last six months (n; range)	2 (1-120)	**3 (1-100)**	3 (1-90)	4 (1-60)	3 (1-50)	2 (1-20)	2 (1-14)	2 (1-29)	2.5^ (-)	4 (1-100)
Average grams used (median; range)*	0.5 (0.1-6)	**0.5 (0.1-3)**	0.5 (0.1-1)	1 (0.3-1.2)	0.5 (0.2-3)	0.5 (0.13-2)	0.5 (0.2-2)	0.5 (0.24-2)	- (-)	0.75 (0.4-1)
Heaviest grams used (median; range)*	1 (0.1-6.5)	**1 (0.1-8)**	1 (0.1-5)	1 (0.3-8)	1 (0.2-4)	0.5 (0.13-5)	1 (0.25-4)	1 (0.25-3.5)	- (-)	1 (0.4-3)
Drug of choice	14	**13**	6	0	7	28	7	16	17	21
Binged on cocaine**	23	**15**	10	22	18	10	14	15	0	17

Source: EDRS interviews
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
Note: Medians rounded to nearest whole number
^Small numbers responded; interpret with caution

4.4.2 Use of cocaine in the general population

Reports of lifetime cocaine use amongst the Australian general population remained consistent between 1993 and 1995 with approximately 3% of the population having ever used the drug. This figure rose to 4.3% in 1998, and remained consistent in 2001 and 2004 (see Figure 5). In 2010, 7.3% reported ever having used cocaine, which was a significant increase from that reported in 2007 (Figure 5). Recent use of cocaine has remained relatively stable across the five sampling years; however, in 2004 through to 2010 this figure has been significantly increasing. In 2010, significant increases were seen among females in the 20-29 year old age category.

Figure 5: Prevalence of cocaine use in Australia, 1993-2010



Source: NDSHS 1993-2010 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, 2005, 2008, 2011b)

4.5 Ketamine use

Current use

- Two-fifths (39%) of the national sample reported lifetime use of ketamine, and 14% reported using ketamine recently. The mean age of first use was 21.5 years.
- Ketamine use is predominantly reported in NSW and VIC. All other states had less than 10 participants reporting recent use.
- Amongst recent ketamine users, the majority (75%) snorted, while one-third (36%) had swallowed it. Less participants reported smoking it in 2012 (2% versus 7% in 2011) which is similar to previous years.
- Among users, ketamine had been used on a median of two days in the past six months; the majority (83%) had used ketamine less than once per month. There were two reports of more than weekly use.

Trend use

- In 2011, almost one-fifth of the national sample (16%) reported using ketamine recently.
- Proportion of reported recent use of ketamine had declined in all jurisdictions from 2003-2009, and stay relatively consistent from 2010-2012.

4.5.1 Ketamine use among REU

Two-fifths (39%) of the 2012 national sample reported lifetime use of ketamine and just over a tenth (14%) had used it in the six months preceding interview (Table 21). There was no significant difference detected in recent use from 2011 compared with 2012 ($p>0.05$). While the figures reported were relatively low, they were more substantial than those reported in the 2010 NDSHS (0.2% recent use for participants aged 14 years and over). The EDRS has been able to monitor and document trends in ketamine use nationally since 2003, placing it in a good position to shape appropriate evidence-based policy responses in light of new trends that may be detected.

Ketamine was first used at a mean age of 21.5 years (median = 20 years, range=16-42 years) by recent users. Lifetime ketamine injection was reported by 3% (n=16) of the national sample (Table 21).

In the six months preceding interview, snorting (74%) was the most common ROA of ketamine, followed by swallowing (36%).

Of those who used ketamine, the median number of days used was two (range=1-24 days) (Table 21). There was no significant difference detected in median days of use in 2012 compared with 2011 ($p>0.05$). The majority (83%) had used less than monthly; 9% had used between monthly and fortnightly; 3% used between fortnightly and weekly. Three participants reported more than weekly use, no reports of daily use were reported.

Ketamine use was commonly quantified in 'bumps'. A bump refers to a small amount of powder, typically measured and snorted through a bumper. A bumper is a small glass nasal inhaler that is used to store and administer powdered substances in a measured dose. The median amount of ketamine used was two bumps (range=0.5-10 bumps) for a typical or average use episode and three bumps (range=0.5-15 bumps) for the heaviest recent use episode.

Ketamine use was also quantified in lines and grams. Nine participants reported using a median of two lines in a typical session (range=1-6 lines) and the heaviest recent session of use was two lines (range=1-6 lines). Thirteen participants reported using a median of half a

gram (range=0.25-3 gram) in a typical session of use and reported using a median of one gram (range=0.25-3 grams) in the heaviest recent session of use.

Table 21: Patterns of ketamine use among REU, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=574	2012 N=607	n=100	n=51	n=100	n=100	n=92	n=90	n=12	n=62
Ever used	42	**39**	48	45	63	25	37	18	25	36
Ever injected	2	**3**	6	6	2	1	2	0	0	3
Used last six months	16	**14**	24	14	35	4	10	3	8	7
Snorted*	87	**74**	75	57	91	75	67	67	0	0
Swallowed*	24	**36**	33	43	24	25	56	67	100	75
Injected*	2	**9**	13	30	6	0	0	0	0	25
Smoked*	7	**2**	0	0	6	0	0	0	0	0
Median days use last six months (range)	2 (1-100)	**2 (1-24)**	3 (1-12)	1^ (1-5)	2 (1-15)	2^ (1-3)	2^ (1-24)	5^ (1-5)	1^ (-)	1^ (-)
Average bumps used (median; range)*	2 (0.3-10)	**2 (0.5-10)**	2 (1-10)	2^ (1-3)	2.5 (0.5-10)	1.5^ (-)	3^ (3-5)	- -	- -	3^ (-)
Heaviest bumps used (median; range)*	3 (0.3-15)	**3 (0.5-15)**	2 (1-12)	2.5^ (1-10)	2.5 (0.5-15)	1.5^ (-)	5^ (3-6)	- -	- -	3^ (-)
Drug of choice	2	**1**	1	0	2	1	0	0	1	0
Binged on ketamine**	6	**7**	21	4	13	7	2	0	0	3

Source: EDRS interviews
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
Note: Medians rounded to nearest whole number.
^Small numbers responded; interpret with caution

4.5.2 Ketamine in the general population

The 2010 NSDSHS was the third year in which the prevalence of ketamine use in the general population was investigated. Use of ketamine in those aged 14 years and above was low – only 1.4% had ever used ketamine, however, this was a significant increase from 2007 (1.1%). 0.2% had used ketamine in the past year approximating 37, 000 people (Australian Institute of Health and Welfare, 2008).

4.6 GHB use

Current use

- One-fifth (21%) of the national sample reported lifetime use of GHB, with 7% reporting recent use. The mean age of first use was 21 years.
- There was a comparable level of recent use from 2010 (6%) to 2012 (7%). Most recent use was reported in NSW, SA and QLD. There were no reports of recent use in the NT.
- Recent use occurred on a median of two days in the six months preceding interview; 73% reported using less than once per month.
- Recent GHB users reported using a median of 3 ml in a typical episode of use and a median of 4 ml in the heaviest recent episode of use. GHB was reported only consumed orally.

Trends in use

- Since monitoring began, GHB has been reportedly used by low numbers at around 10% of the national sample.
- Proportion of reported recent use of GHB has declined in all jurisdictions from 2003-2009 and stayed stable from 2010-2012 around 7%.

4.6.1 GHB use among REU

One-fifth (21%) of the 2012 national sample reported lifetime use of GHB and 7% had used it in the six months preceding interview (Table 22). There was no significant increase in recent use reported in 2012 compared with 2011.

GHB was first used at a mean of 25 years (median = 21 years, range=15-43 years). All recent GHB users reported swallowing GHB, and one participant reported shelving/shafting. There were no other ROA reported.

Of those who used GHB in the six months preceding interview, the median number of days used was two (Table 22). There was no significant difference found in median days of use in 2012 compared to 2011 ($p>0.05$). Over three-quarters of the sample (73%) reported using less than once per month (83% in 2011); five participants between monthly and fortnightly (n=4 in 2011); one participant reported using between fortnightly and weekly; three participants reported using more than once per week. No daily use was reported.

GHB use was typically quantified in millilitres (ml). The median amount used in a typical or average use episode in the preceding six months was 3 ml (range=0.5-60 ml). Recent GHB users reported using a median of 4 ml (range=1-120 ml) during the heaviest recent use episode.

Table 22: Patterns of GHB use among REU, 2012

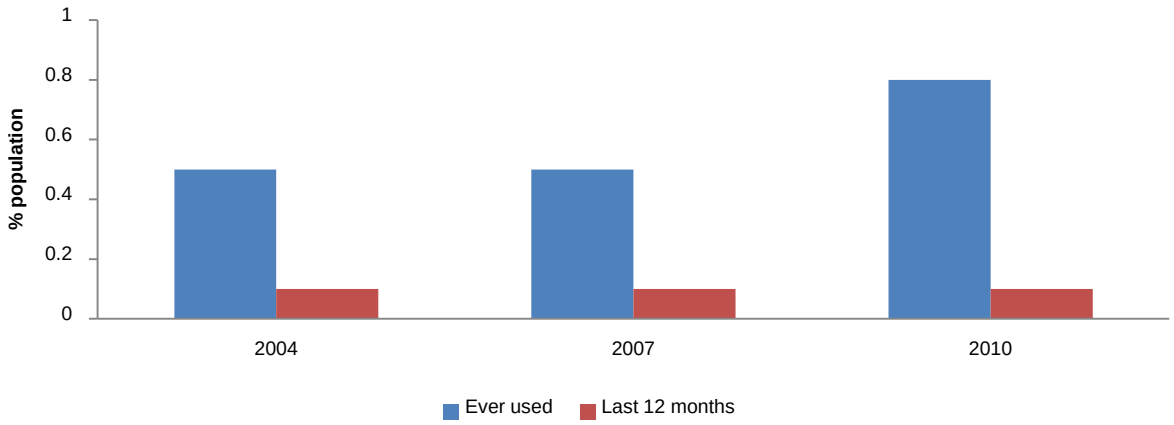
(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=574	2012 N=607	n=100	n=51	n=100	n=100	n=92	n=90	n=12	n=62
Ever used	22	**21**	22	35	24	10	25	4	8	44
Used last six months	7	**7**	11	6	7	2	12	1	0	10
Median days used last six months (n; range)	2 (1-125)	**2 (1-135)**	2 (1-90)	2^ (1-10)	6^ (1-135)	1^ (-)	1 (1-6)	1^ (-)	n.a.	1.5^ (1-10)
Average mls used (median; range)*	2.75 (0.5-50)	**3 (0.5-60)**	2 (2-30)	2^ (0.5-2)	4.5^ (2.5-50)	60^ (-)	5.5 1.5-17.5	3.5^ (-)	n.a	2.5^ (1-7)
Heaviest mls used (median; range)*	4.5 (0.5-50)	**4 (1-120)**	4.5 (2-80)	2^ (1-2)	4.5^ (3-15)	120^ (-)	5.5 (1.5-20)	3.5^ (-)	n.a	2.5^ (1-10)
Drug of choice	<1	**1**	2	0	1	0	1	0	0	0
Binged on GHB**	3	**4**	7	0	11	0	4	0	0	3

Source: EDRS interviews
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
Note: Medians rounded to nearest whole number.
^small numbers responded; interpret with caution

6.2 GHB use in the general population

The 2004 NDSHS was the first to investigate the prevalence of GHB use in the general population. In 2010, results were similar to those reported in the 2007 NDSHS. Use of GHB in those aged 14 years and above was low, only 0.8% had ever used GHB, and 0.1% had used GHB in the past year (see Figure 6).

Figure 6: Prevalence of GHB use in Australia, 2004-2010



Source: NDSHS 1993-2007 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, 2005, 2008, 2011b)

4.7 LSD use

Current use

- Seventy percent of the national sample reported the lifetime use of LSD; 34% reported recent use of LSD, a significant decrease from 2011 (46%; $p<0.05$). The median age of first use was 18 years.
- The median days of LSD use amongst recent users was three. Recent users reported using a median of one tab in a typical session and two tabs in the heaviest recent session of use.
- LSD remains a drug that a substantial proportion of the sample 'binge' on (15%).

Trends in use

- Recent use has been steadily increasing from 28% in 2003 to 46% in 2011, increasing every year, until the significant decline to 34% in 2012. Recent use levels appears relatively even across Australia.
- LSD as drug of choice has been stable each year from 4% in 2007 to 5% in 2012.

4.7.1 LSD use among REU

In 2012, 70% of the national sample reported lifetime use of LSD and 34% had used it in the six months preceding interview (Table 23). There was a significant decrease detected between recent use of LSD in 2012 compared with 2011 (34% versus 46%, $p<0.05$). The median age of first use was 18 years (range=13-43 years).

Of those that were asked and answered positively to using other drugs with ecstasy, 6% answered that they usually used LSD with ecstasy. Five percent of the 2012 national sample reported that LSD was their drug of choice.

The primary ROA was oral ingestion (97%), followed by nasal ingestion (3%) by recent LSD users. One participant shelved/shafted, one participant injected and one participant smoked LSD in the last six months.

Of those who used LSD in the six months preceding interview, the median number of days used was three, ranging from having used once in the six months preceding interview to having used approximately twice weekly during this same period. There was no significant difference found in median days use in 2012 compared with 2011 ($p>0.05$). The majority (85%) had used less than monthly; 16% used between monthly and fortnightly; 8% used between fortnightly and weekly; six participants used LSD more than weekly.

The median amount of LSD used in a typical or average use episode in the preceding six months was one tab (range=0.25-4 tabs). The median amount used in the heaviest recent session was two tabs (range=0.5-20 tabs).

Table 23: Patterns of LSD use among REU, 2012

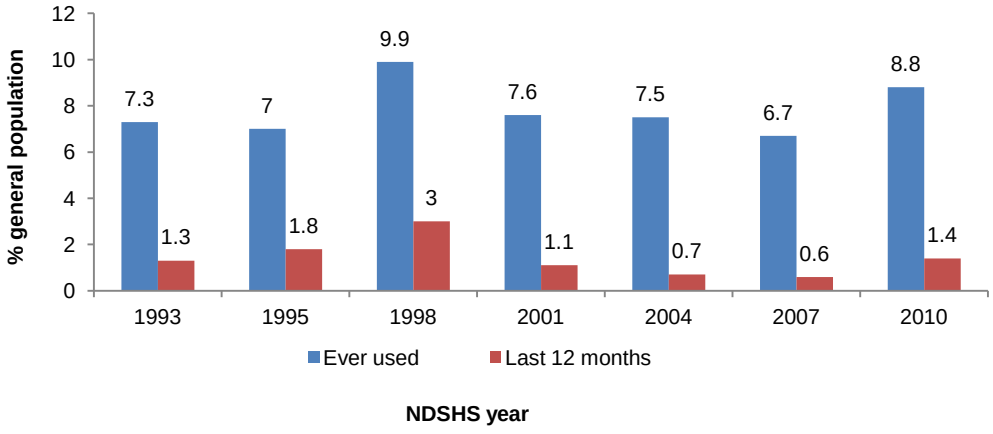
(%)	National 2011 N=574	National 2012 N=607	NSW n=100	ACT n=80	VIC n=101	TAS n=75	SA n=76	WA n=28	NT n=11	QLD n=103
Ever used	73	**70 ↓**	84	86	63	68	52	57	75	74
Ever injected	2	**1**	0	0	0	3	0	0	0	1
Used last six months	46	**34**	43	38	38	30	19	33	42	34
Median days used last six months (n; range)	3 (1-72)	**3 (1-48)**	3 (1-24)	5 (1-30)	3 (1-30)	3 (1-30)	2 (1-15)	2 (1-20)	35^ (1-12)	2 (1-48)
Average tabs used (n; range)*	1 (0.25-20)	**1 (0.25-4)**	1 (0.5-2)	1 (0.75-4)	1 (0.5-3)	2 (0.5-4)	1 (0.5-4)	1 (0.25-4)	1^ (1-2)	2 (1-4)
Heaviest tabs used (n; range)*	2 (0.25-40)	**2 (0.5-20)**	1 (0.5-5)	2 (1-20)	2 (0.5-15)	2.25 (1.5-6)	1 (1-4)	1 (0.5-7)	3^ (1-7)	2 (1-4)
Drug of choice	7	**5**	8	2	4	1	3	9	0	5
Binged on LSD**	25	**15**	24	22	8	32	2	21	50	7

Source: EDRS interviews
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
Note: Medians rounded to nearest whole number.
^small numbers responded; interpret with caution

4.7.2 Hallucinogen use in the general population

Figure 7 presents the trends in lifetime and past-year use of hallucinogens in the Australian general population aged 14 years and above. The lifetime use of hallucinogens has remained relatively constant between 1993 and 2007, with a significant increase in 2010. Recent hallucinogen use also significantly increased between 2007 and 2010, with most common use in 20-29 year olds.

Figure 6: Prevalence of hallucinogen use in Australia, 1993-2010



Source: (Australian Institute of Health and Welfare, 2011b)

4.8 Cannabis use

Current trends

- Along with alcohol, cannabis was the second most used drug by the EDRS sample recently (82%). While reported recent use remained stable, the proportion of reported daily use significantly increased compared to 2011 (18% in 2011 versus 24% in 2012, *p<0.05*).
- Among recent (six month) users, cannabis had typically been smoked (99.6%), and swallowed (36%). The mean age of first use by regular users was 15 years.
- Among those who had used cannabis in the six months preceding interview, use occurred on a median of 60 days during this time, i.e. approximately three weekly use.
- Cannabis was the drug of choice for 19% of the sample.
- 24% of the national sample were daily cannabis smokers.
- Smoking of cannabis in cones was more common than in joints in the majority of jurisdictions. The median number of cones smoked was five.

Trends in use

- The cannabis market remains relatively stable in relation to use with a slight change from twice weekly use in 2007 to weekly use in 2009 and 2010 and an increase in the proportion of EDRS participants that report smoking cannabis daily.

Following high rates of cannabis use reported by REU samples in previous years, from 2006 the EDRS has included survey items on price, potency and availability of this drug. These items distinguish between indoor-cultivated hydroponic (hydro) and outdoor cultivated (bush) cannabis following reports of different market characteristics of each (Stafford et al., 2005, Breen et al., 2004). In the absence of definitive data on the extent to which this distinction reflects actual cultivation methods in Australia (McLaren et al., 2008, Hall and Swift, 2000); however, use patterns refer to any form of cannabis.

Participants completing the section were asked to differentiate between hydro and bush cannabis in terms of price, potency and availability. Sixty-seven percent of participants of those that used cannabis were able to distinguish between hydro and bush cannabis.

It should also be noted that the use of hashish (hash) and hash oil was rarely reported by EDRS participants (n=16 across all jurisdictions reported recent purchase of either form in 2012). The median price for a gram of hash is $50 (range = $20-$100) and the median price for a cap of hash oil is $30^ (range = $20-$70).

This section contains information about cannabis use by the EDRS sample, followed by data on market characteristics (including price, purity and availability). Information on harms (health and law enforcement-related) associated with cannabis use, including indicator data on treatment and toxicity, are discussed in the relevant sections later in this report. Further information about cannabis trends in Australia may be found in reports produced as part of the IDRS, and are available from the NDARC website[4].

4.8.1 Cannabis use among EDRS participants

Almost all (98%) of the 2012 national sample had ever used cannabis, with the majority (82%) of the sample having used cannabis in the six months prior to interview. These figures

[4] See www.ndarc.med.unsw.edu.au

^ Small numbers commenting, interpret with caution

are comparable to 2011 results. The mean age of first use was 15 years (SD 2.6) of recent users. Cannabis was the drug of choice for 19% of the sample (see Table 24).

Almost all (99.6%) of those who had recently used cannabis had smoked it, while one-third (36%) had recently swallowed it. Cannabis had been used on median of 60 days (range=1-180 days) in the six months preceding interview, which equates to use of approximately once per week (see Figure 8).

Amongst recent users, 17% reported using less than once per month; 8% reported using between monthly and fortnightly; 9% reported using between fortnightly and weekly; and 60% reported using more than once per week. Twenty-four percent of recent cannabis users (23% of the entire sample) reported daily cannabis use during the preceding six months (see Figure 9). There was a significant difference in the proportion of daily cannabis users from 2011 (18%) to 2012 (24%; $p<0.05$).

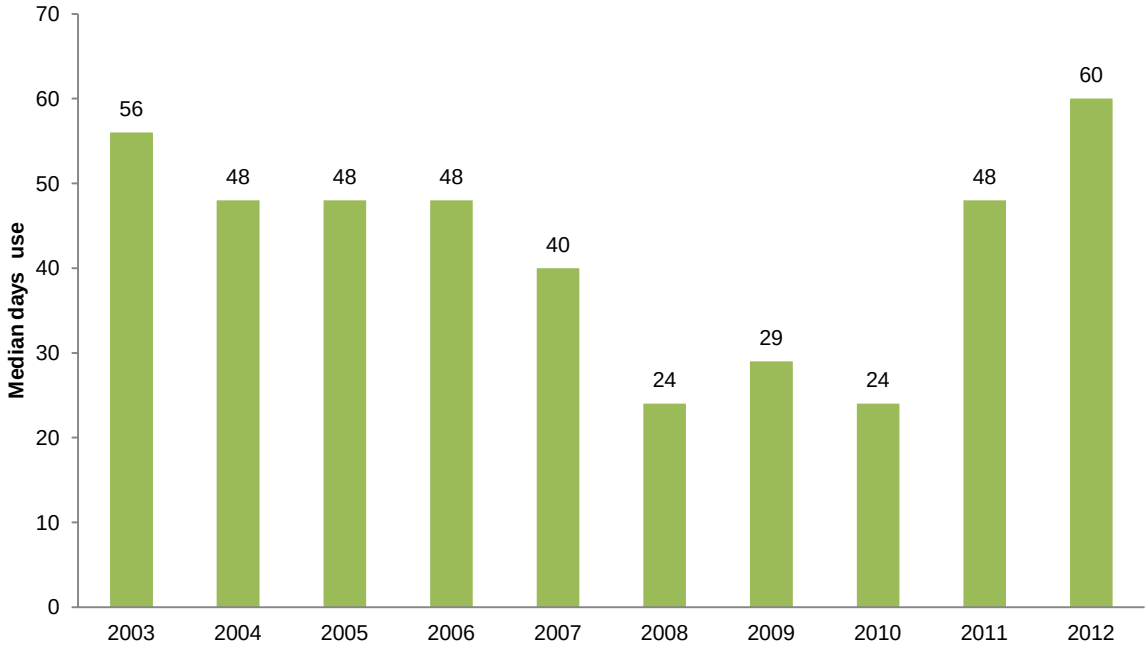
Recent cannabis users were asked how much cannabis they had smoked on the last day of use, as measured by the number of cones or joints used on that occasion, either by themselves or shared with others. Nationally, cannabis had been predominantly smoked in cones (57%) as opposed to joints (36%). Among those who had smoked in cones, the median number used on the last day was five (range=1-40 cones), while the number of joints smoked was one (range=0.20 to 12 joints). Daily users of cannabis had smoked a median of eight cones (range=1-40 cones) or two joints (range=1-6 joints) on the last day of use.

Table 24: Patterns of cannabis use among EDRS participants, 2012

(%)	National 2011 N=574	National 2012 N=607	NSW n=100	ACT n=51	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Ever used	98	**98**	99	100	97	96	98	99	100	98
Used last six months	85	**82**	86	92	85	69	88	77	83	81
Smoked*	99	**99.6**	100	98	100	100	100	99	100	100
Swallowed*	37	**36**	30	34	40	48	37	39	20	22
Median days used* last six months (n; range)	48 (1-180)	**60 (1-180)**	48 (1-180)	120 (1-180)	72 (1-180)	120 (1-180)	48 (1-180)	48 (1-180)	27 (3-180)	48 (1-180)
Cones used last time (median; range)*	4 (0.25-50)	**5 (1-40)**	5 (1-30)	5 (1-30)	6 (1-40)	8 (1-30)	3 (1-30)	3 (1-30)	4.5^ (1-15)	5 (1-40)
Joints used last time (median; range)*	1 (0.1-10)	**1 (0.2-12)**	1 (0.25-5)	1.5 (1-4)	2 (0.5-5)	1 (0.2-6)	2 (1-12)	2 (0.5-3)	2^ (-)	1 (0.5-10)
Drug of choice	20	**19**	21	29	18	12	19	21	0	19
Binged on Cannabis**	58	**56**	72	70	55	55	54	55	100	33

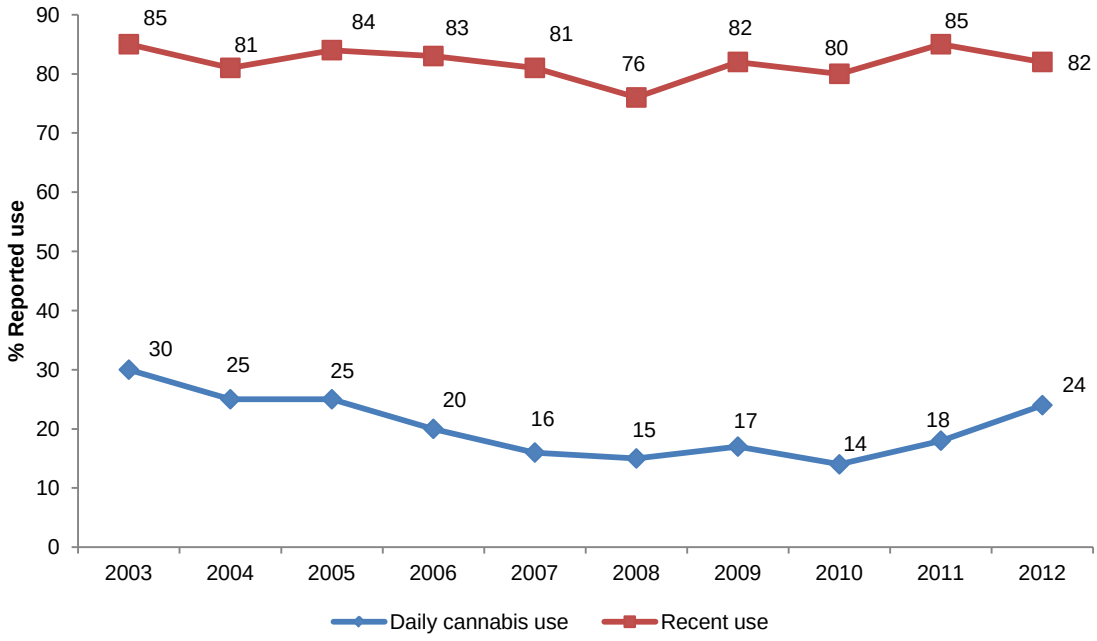
Source: EDRS interviews
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
Note: Medians rounded to nearest whole number
^Small numbers responded; interpret with caution

Figure 7: Median days used cannabis among national REU, 2003- 2012



Source: EDRS interviews

Figure 8: Patterns of recent and daily* cannabis use among national REU, 2003- 2012

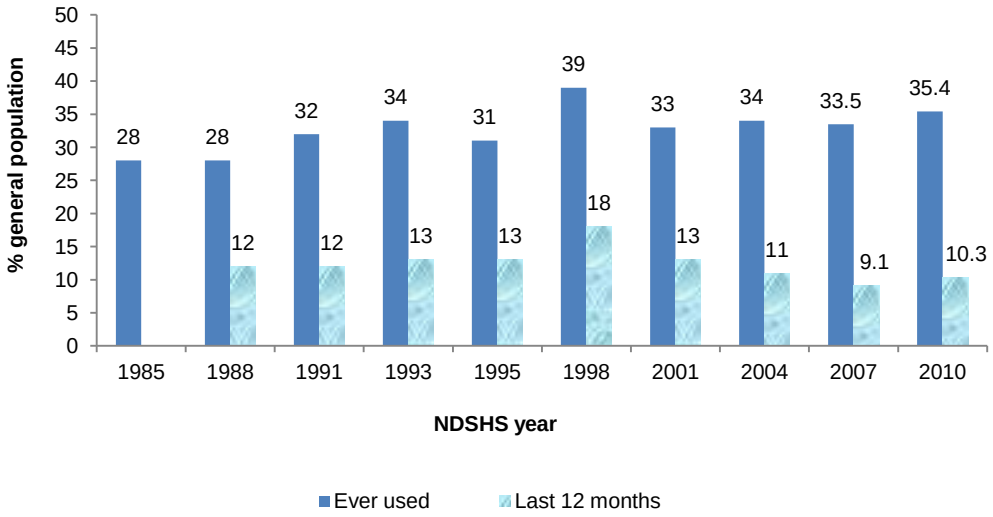


Source: EDRS interviews
*Daily use is reported from the entire sample

4.8.2 Cannabis use in the general population

As can be seen in Figure 10, the prevalence of lifetime and recent cannabis use in the Australian general population aged 14 years and above has remained relatively stable across sampling years. The most recent survey was conducted in 2010 and found that one-third (35.4%) of the Australian population aged 14 years and above had ever tried cannabis, while 10.3% had used cannabis in the 12 months prior to interview. This is a significant increase in lifetime and recent use from the previous survey year 2007.

Figure 9: Lifetime and past year prevalence of cannabis use by Australians,1985-2010



Source: NDSHS 1988-2010 (Commonwealth Department of Community Services and Health, 1988; Australian Institute of Health and Welfare, 2005, 2008, 2011b)
Note: Caution should be exercised when interpreting prevalence of cannabis use between 1985 and 1993 due to major changes in sampling and methodology of the surveys

4.9 Other drugs use

Current use

- **MDA** lifetime use was 30% of the national sample, with 10% reporting recent use on a median of three days.

- Almost all (97%) participants reported lifetime use of **alcohol**, and 96% reported alcohol use in the six months preceding interview. The mean age of first use was 14 years. The median days of alcohol use was 48 days (twice weekly). Daily drinking was reported by 6% of the sample. A significant increase for alcohol as the drug of choice was detected in 2012 (15%) versus 2011 (11%).

- Ninety-five percent reported lifetime **tobacco** use and 83% had used tobacco in the six months preceding interview. Over half (59%) of recent tobacco users were daily smokers, with median days use being 180 (i.e. daily).

- Over half (55%) of the sample reported lifetime **benzodiazepine** (both licitly and illicitly obtained) and one-third (34%) reported recent illicit use. Injecting and snorting were reported as routes of administration for illicit use. Daily use of illicit and licit benzodiazepine use was minimal (9%). The type most used was diazepam for both forms.

- One-tenth (10%) of the national sample reported recent licit use and two percent reported illicit use of **antidepressants**. Licit use was higher than illicit use in 2011 and 2010. ROA was mainly swallowing for both forms with 30% reporting shelving/shafting (illicit only).

- One fifth (21%) of the EDRS sample reported recent **nitrous oxide** use in the six months preceding interview on a median of four days, comparable with 2011 results. Use was highest in TAS (27%) and WA (26%).

- Recent use of **amyl nitrate** (nationally) was reported by one-fifth (21%) in 2012. Use was occasional on a median of two days mostly in NSW (37%).

- Twenty-seven percent of the national sample reported recent **mushroom** use, comparable to 2011 (29%). Use occurred on a median of two days, and 87% of recent users had used less than once per month.

- **Other drugs** discussed in this section include **heroin** and **other opiates**, **methadone**, **buprenorphine**, **pharmaceutical stimulants**, **OTC codeine**, **OTC stimulants** and **steroid use**.

4.9.1 MDA use

MDA (3,4-methylenedioxyamphetamine), is mainly used as a recreational drug. The duration of the drug's effects is around 5–6 hours, slightly longer than that of its well-known cousin, MDMA. MDA is said to share the entactogenic effects of MDMA. Yet while it is generally similar to MDMA, users report that MDA has more stimulant and psychedelic qualities and slightly less intense entactogenic effects than MDMA. MDA is also considered less predictable than MDMA, with effects varying greatly from person to person. Thirty percent of the national sample reported the lifetime use of MDA. The mean age of first use was 19 (range= 17-39 years) years for recent users. Ten percent of the national sample reported using it in the six months preceding interview (12% of recent use reported in 2011). Use occurred on a median of three days (range= 1-30), with the majority (81%) of recent users reporting that use had occurred less than once per month. Swallowing (90%) was the most frequently nominated ROA, followed by snorting (46%). There were three reports of injecting MDA, and one participant reported shelving/shafting MDA.

A median of 1.5 capsules (range=1-4 capsules) were used in a typical session of use and a median of two capsules (range=1-6 capsules) were used in the heaviest session of use over the preceding six months.

4.9.2 Alcohol

Fifteen percent of the 2012 (11% in 2011) national sample nominated alcohol as their drug of choice, this was a significant increase from 2011 ($p<0.05$). Almost all of the national sample reported they had used alcohol in their lifetime (99%) and in the six months preceding interview (96%, see Table 4). The median age of first use in recent alcohol users was 14 years (range=2-25 years).

Among those who had used alcohol, use had occurred on a median of 48 days (approximately twice weekly use) in the past six months (range=1-180 days). Sixty-four percent of recent alcohol users reported using alcohol more than once per week. Six percent of recent users reported daily drinking (8% were daily drinkers in 2010).

Of the sample, those that reported using drugs in combination with ecstasy (N=548), 70% reported that they usually consumed more than five standard alcoholic drinks.

In 2012 the Alcohol Use Disorders Inventory Test (AUDIT) was administered to participants. Detailed information regarding the AUDIT in the 2011 EDRS can be found in Chapter 7: *Risk Behaviour*.

4.9.3 Tobacco

Ninety-five percent of the national sample reported they had used tobacco in their lifetime and 83% had used tobacco in the six months prior to interview, (86% in 2011). Median days used was reported at 180 days, i.e. daily (range=1-180 days). Tobacco was first used at a median age of 15 years (range=5-39 years) by recent users. Tobacco was the drug of choice for nine participants (1.5%) of the national sample. Fifty-nine percent of those who reported recent tobacco use were daily smokers (57% in 2011).

4.9.4 Benzodiazepines

Over half (55%) of the 2012 sample reported the lifetime use of any benzodiazepine. One-third (34%) reported the recent use of any benzodiazepine on a median of five days (i.e. approx. monthly). Nine percent of recent users reported daily use. Sixteen participants (3%) in the sample reported usually using benzodiazepines with ecstasy; 17% reported usually using benzodiazepines to come down from ecstasy (of those that use drugs to come down off ecstasy N=338); and 9% reported bingeing on benzodiazepines (of those that binged on stimulants N=236). One participant nominated benzodiazepines as their drug of choice.

Since 2007, a distinction was also made between benzodiazepines that were licitly and illicitly obtained (see below). Brand of benzodiazepine was not specified.

4.9.4.1 Licitly obtained (prescribed) benzodiazepines

Eighteen percent of the 2012 sample reported having ever used licitly obtained benzodiazepines and 12% reported their use in the six months preceding interview. The median age of first use was 21 years (range=14-49 years). Licit benzodiazepines had been used on a median of 30 days (range=1-180 days) in the preceding six months. Twenty-five percent of recent users reported daily use (23% in 2011). All of the recent licit benzodiazepine users reported swallowing in the preceding six months, with two reports of injecting and one report of smoking licit benzodiapine use.

The main type of benzodiazepine used by these users were: diazepam (41%; including brand names Valium and generic) and alprazolam (19%; including brand names Xanax).

4.9.4.2 Illicitly obtained (non-prescribed) benzodiazepines

Almost half (49%) of the 2012 sample reported having ever used illicitly obtained benzodiazepines and one-quarter (26%) reported their use in the six months preceding interview (Table 25). The median age of first use was 20 years (range=13-50 years) in recent users. Illicit benzodiazepines had been used on a median of four days (range=1-180 days) in the preceding six months. Amongst recent users, the majority (83%) reported using illicit benzodiazepines less than monthly, six participants reported daily use. Swallowing was the most common ROA in the six months preceding interview (99%), though 8% of recent users reported snorting and very few N<5 participants reported injecting and smoking.

The main type of benzodiazepine used by these users were diazepam (44%; including brand names Valium, Valpam and generic) and alprazolam (34%; including brand names Xanax and Alprax).

Table 25: Use of illicitly obtained benzodiazepines, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=574	2012 N=606	n=100	n=51	n=99	n=100	n=92	n=90	n=12	n=62
Ever used	58	**49**	50	51	54	37	40	56	25	65
Used last 6 months	33	**26**	21	16	39	25	24	24	17	32
Median days use (n; range)*	5 (1-180)	**4 (1-180)**	3 (1-180)	5.5 (2-15)	5 (1-180)	5 (1-90)	2.5 (1-72)	2 (1-20)	13.5^ (3-24)	6 (1-74)

Source: EDRS interviews
* Of those who had used illicit benzodiazepines in the past six months
^ Small numbers responded; interpret with caution

4.9.5 Antidepressants

4.9.5.1 Licitly obtained (prescribed) antidepressants

Twenty-three percent of the national sample reported using licit antidepressants in their lifetime and one-tenth (10%) reported recent use (Table 26). Figures are comparable to those obtained in 2011. The median age of first using licit antidepressants was 19 years (range = 8-45 years) amongst recent users. The median days of use was 180 days (range = 2-180 or daily among those who recently used licit antidepressants. Twenty percent of recent users reported using them daily.

Table 26: Use of licitly obtained antidepressants, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=574	2012 N=607	n=100	n=51	n=100	n=100	n=92	n=90	n=12	n=62
Ever used	23	**23**	19	26	31	13	22	20	17	40
Used last 6 months	10	**10**	9	10	14	4	12	8	8	11
Median days use (n; range)*	180 (1-180)	**180 (1-180)**	90^ (15-180)	180^ (-)	180 (15-180)	180^ (48-180)	180 (14-180)	180^ (4-180)	30^ (-)	180^ (2-180)
ROA*										
Swallowing	85	**97**	100	100	86	100	100	100	100	100
Shelve/shaft	15	**3**	0	0	14	0	0	0	0	0

Source: EDRS interviews
* Of those who had used licit antidepressants in the past six months
^ Small numbers responded; interpret with caution

4.9.5.2 Illicitly obtained (non-prescribed) antidepressants

Twenty-three percent of the national sample reported using illicit antidepressants in their lifetime and 2% report recent use (Table 28). The median age of first using licit antidepressants was 19 years (range = 15-24 years) among recent users. The median days of use was four-and-a-half days among those who recently used illicit antidepressants. Main ROA was swallowing (70%) by recent consumers, followed by shelving/shafting (30%). There were no other ROA reported. Most participants reported fluoxetine (generic) or were unable to recall or report the brand or type of antidepressant they had consumed.

Table 27: Use of illicitly obtained antidepressants, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=574	2012 N=607	n=100	n=51	n=100	n=100	n=92	n=90	n=12	n=62
Ever used	8	**8**	7	4	11	5	10	12	0	5
Used last 6 months	2	**2**	2	0	5	1	1	1	0	0
Median days use (n; range)*	2.5 (1-48)	**4.5 (1-10)**	1^ (-)	-	8^ (1-14)	24^ (-)	2^ (-)	3 (-)	-	-

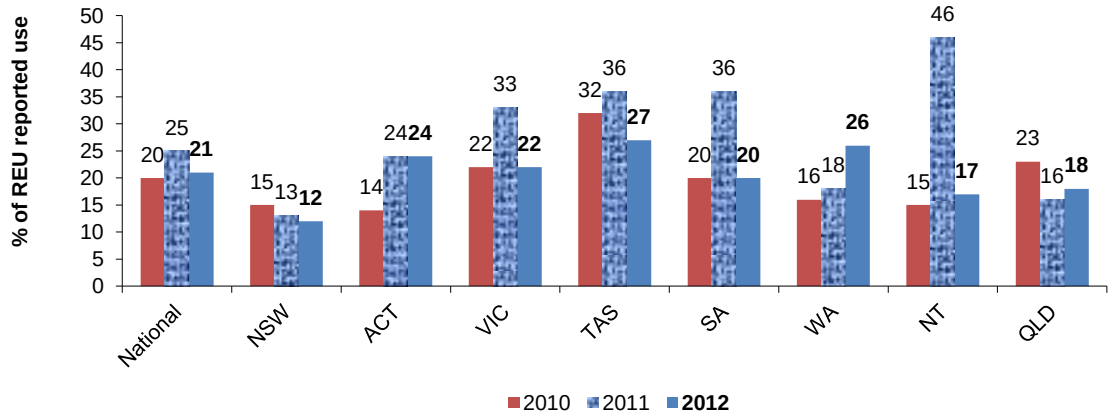
Source: EDRS interviews
* Of those who had used illicit antidepressants in the past six months
^ Small numbers responded; interpret with caution

4.9.6 Inhalants use

4.9.6.1 Nitrous oxide

Over half (54%) of the national sample reported lifetime use of nitrous oxide and one-fifth (21% comparable with 25% in 2011) had used nitrous oxide in the six months preceding interview (Figure 11). Recent users reported first using nitrous oxide in their late teens, median is 18 years (range=12-31 years). Nitrous oxide was used on a median of four days in the preceding six months (range=1-100 days). No daily use was reported. The majority (93%) reported using nitrous oxide less than once per month in the preceding six months. Nitrous oxide was nominated by one participant as their drug of choice. The median number of bulbs ingested in an average session was 10 (range =1-400), the most number of bulbs consumed in a heavy session was also 15 (range =1-400).

Figure 10: Use of nitrous oxide, 2010-2012



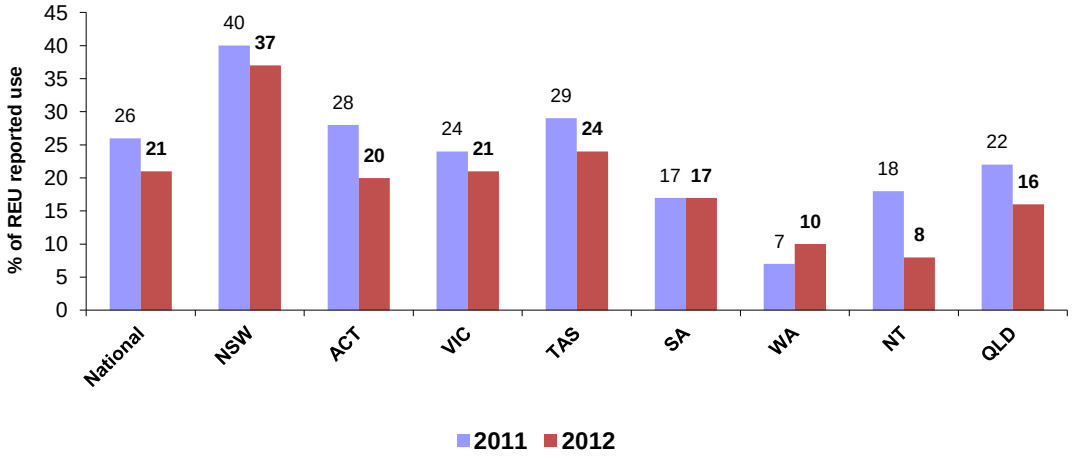
Source: EDRS interviews

4.9.6.2 Amyl nitrate

Forty-eight percent of the sample reported having used amyl nitrate (a vasodilator) in their lifetime and 21% had used amyl nitrate in the six months preceding interview (Figure 12). No significant differences were detected in national use from 2011 to 2012.

Participants first used amyl nitrate at a median age of 18 years (range=3-45 years) by recent users. Frequency of amyl nitrate use was generally low, with users reporting a median of two days of use in the last six months (range=1-180 days). Seventy-one percent of recent users had used less than once per month in the preceding six months. One participant reported daily use.

Figure 11: Use of amyl nitrate, 2011-2012



Source: EDRS interviews

4.9.6.3 Psilocybin Mushrooms

Two percent of the national sample nominated mushrooms as their drug of choice. Of the national sample, 71% had reported lifetime use of mushrooms and 27% had used mushrooms in the six months preceding interview. The majority of recent use has been reported in the ACT and VIC (see Table 4). Participants first used mushrooms at a mean age of 19 years (range=15-35 years). Of those who used mushrooms in the preceding six months, oral consumption was the most common ROA (99%), though small proportions reported smoking them (n=2) and one participant reported snorting and one participant

reported shelving/shafting mushrooms. Mushrooms were used on a median of two days (range=1-30 days) indicating sporadic or very occasional use. The majority of all recent mushroom users (87%) had used mushrooms less than monthly.

4.9.7 Heroin and other opioids

Nine participants nominated heroin as their drug of choice. Fourteen percent reported they had used heroin in their lifetimes, 6% had injected heroin in their lifetime and 5% reported recently using heroin in the six months prior to interview (Table 4). The median age of first use of heroin was 20 years (range=13-47 years) in recent users. Heroin had been used on a median of 5 days (range=1-130 days) in the preceding six months by recent users. One-third (53%) had used heroin less than monthly, 10% between monthly and fortnightly, 10% between fortnightly and weekly and 27% reported using heroin more than once per week. The majority of recent heroin users had injected heroin (80%) in the preceding six months with smaller proportions reporting smoking (23%), snorting (13%) or swallowing (3%) or shelving/shafting (3%) heroin during this time.

4.9.8 Methadone

Methadone medication used for the treatment of opioid dependence, had been used 8% of the entire sample in their lifetime, 3% (n=18) of the national sample had used methadone in the last six months (Table 4). Three percent had ever injected methadone and <1% (n=3) had injected it in the last six months. Methadone was used on a median of 24 days (i.e. approximately weekly) in the six months preceding interview (range=1-180 days). One-quarter (29%, n=5) of those who used methadone reported daily methadone use.

4.9.10 Buprenorphine

Six percent of the national sample had used buprenorphine in their lifetime, another medication registered for the treatment of opioid dependence. Three percent reported recent use of buprenorphine (Table 4). Of those who had used buprenorphine in the last six months, 79% had swallowed and 26% had injected it. The frequency of use was 24 days (range= 1-180 days). Over half (53%) reported using buprenorphine weekly or less in the preceding six months. Three participants of recent users used buprenorphine daily.

4.9.11 Other opioids

4.9.11.1 Licitly (prescribed) other opioids

Lifetime use of licit other opioids was 13% of the national sample and 5% had used at least once in the last six months prior to interview (Table 28). Median days of licit opioid use was 10 days (range = 1-180 days). ROA was mainly swallowing (83%), followed by injecting (17%). The median age of first use for recent licit users was 22 years (range=13-47 years). Examples of other opioids include pethidine and opium, the main brand that was specified was Endone.

Table 28: Use of licit opioids, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=574	2012 N=607	n=100	n=51	n=100	n=100	n=92	n=90	n=12	n=62
Ever used	21	**13**	17	2	9	8	11	16	0	31
Used last 6 months	8	**5**	5	0	3	2	5	6	0	15

Source: EDRS interviews

4.9.11.2 Illicitly obtained (non-prescribed) other opioids

Lifetime use of illicit other opioids was one-quarter (25%) of the national sample, and 9% of the national sample had used other illicit opioids in the previous six months prior to interview (see Table 29). Median days of licit opiate use was three days (range = 1-170 days). The

main ROA was swallowing (65%), followed by snorting (28%), injecting (21%), smoking (12%), and two participants reported shelving/shafting. The median age of first use for recent illicit users was 19 years (range=14-47 years). Examples of other opioids include pethidine and opium, the main brand used was Oxycontin.

Table 29: Use of illicit opioids, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=574	2012 N=607	n=100	n=51	n=100	n=100	n=92	n=90	n=12	n=62
Ever used	27	**25**	23	29	25	16	21	37	25	32
Used last 6 months	14	**9**	9	8	6	10	4	9	14	17

Source: EDRS interviews

4.9.12 Pharmaceutical stimulants

4.9.12.1 Licitly obtained (prescribed) pharmaceutical stimulants

Nine percent of the national sample reported licit lifetime use of pharmaceutical stimulants, ten participants (2%) reported recent use (see Table 30). The median days of use was 126 days (range 4-180 days). Swallowing was the ROA reported by all participants with small numbers n<5 reporting snorting also. Median age of first use by recent users was 16 years (range = 5-21 years). Median amount used in an average session was three tablets (range = 1-12 tablets). The median amount reported for most tablets taken in a session was six (range= 1-60 tablets). Main brand was not specified for pharmaceutical stimulants but they included Dexamphetamines and Ritalin.

Table 30: Use of licit (prescribed) pharmaceutical stimulants, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=574	2012 N=607	n=100	n=51	n=100	n=100	n=92	n=90	n=12	n=62
Ever used	6	**9**	9	10	4	10	8	9	17	15
Used last 6 months	2	**2**	2	2	2	0	2	2	0	2

Source: EDRS interviews

4.9.12.2 Illicitly obtained (non-prescribed) pharmaceutical stimulants

Fifty-eight percent of the national sample reported illicit lifetime use of pharmaceutical stimulants, 28% reported recent use (see Table 31). Illicit use accounts for the majority of pharmaceutical stimulant use in this sample of REU. The majority of recent use occurred in WA. The median days of use was four days (sporadic use, range 1-180 days). Swallowing was the ROA reported by most participants (93%) followed by snorting (44%) and small numbers n<6 reporting injecting and smoking. Median age of first use by recent users was 18 years (range = 10-45 years). Median amount used in an average session was 2.25 tablets (range = 0.25-20 tablets). The median amount reported for most tablets taken in a session was four (range = 0.25-40 tablets). Main brand was not specified for pharmaceutical stimulants included Dexamphetamines and Ritalin.

Table 31: Use of illicit pharmaceutical stimulants, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=574	2011 N=574	n=100	n=51	n=100	n=100	n=92	n=90	n=12	n=62
Ever used	53	**58**	58	71	43	46	48	91	58	60
Used last 6 months	27	**28**	24	33	19	20	19	64	17	19

Source: EDRS interviews

4.9.13 Over the counter (OTC) codeine (not related to pain use)

Twenty-three percent of the 2012 sample reported lifetime use of over the counter codeine for non-pain use and 14% reported recent use (see Table 32). The most use was reported in TAS and QLD. OTC codeine were first used by recent users at a median age of 18 years (range=10-51 years). Median days of OTC codeine for purposes unrelated to pain (i.e. recreational use) was four days in the previous six months (range = 1-180 days). Swallowing was the most commonly reported ROA by all recent users and five participants reported snorting.

Table 32: Use of OTC codeine, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=574	2011 N=607	n=100	n=51	n=100	n=100	n=92	n=90	n=12	n=62
Ever used	59	**23**	26	20	23	21	23	20	50	28
Used last 6 months	42	**14**	12	8	12	16	14	14	33	18

Source: EDRS interviews

4.9.13 Over the counter (OTC) stimulants

Fifteen percent of the 2012 sample reported the lifetime use of OTC stimulants and 5% reported recent use. Recent use was mostly reported in VIC (6%). OTC stimulants was first used at a median age of 22 years (range=13-36 years) for recent users. In the six months preceding interview, use occurred on a median of five days (range=1-72 days); the majority (66%) reported monthly use or less. Swallowing was the most commonly reported ROA (97%); three participants reported snorting, and one participant reported injecting. No main brand was specified; brands mentioned were Codral, followed by Sudafed and chemists own cold and flu.

4.9.14 Steroid use

Two percent of the 2012 sample reported the lifetime use of steroids one percent (n=4) reported using steroids recently. Of those that had used steroids recently, two participants (50%) had injected steroids and two participants (50%) had swallowed steroids. No other ROA was reported. Median days injected and used by recent steroid users was 26 (7-90). No main brand was reported, however, brands mentioned included Anavar, Clembutyrol Human Growth Hormone and Stanazol.

4.9.15 Other drugs

See Table 4 on changes in general trends for ERD use regarding drugs not mentioned.

4.10 Emerging psychoactive substance (EPS) use

- In 2012 the number of EDRS participants that have consumed an EPS in the previous six month period was 40% including synthetic cannabis.
- The figure for synthetic cannabis has significantly increased in 2012 (15% in 2012 versus 6% in 2011), however, days of use nationally remains low (2 days; range 1-180).
- For more information regarding these drugs see: Bruno et al., (in press) Emerging psychoactive substance use among regular ecstasy users in Australia. *Drug and Alcohol Dependence* (http://www.sciencedirect.com/science/article/pii/S0376871611005205)

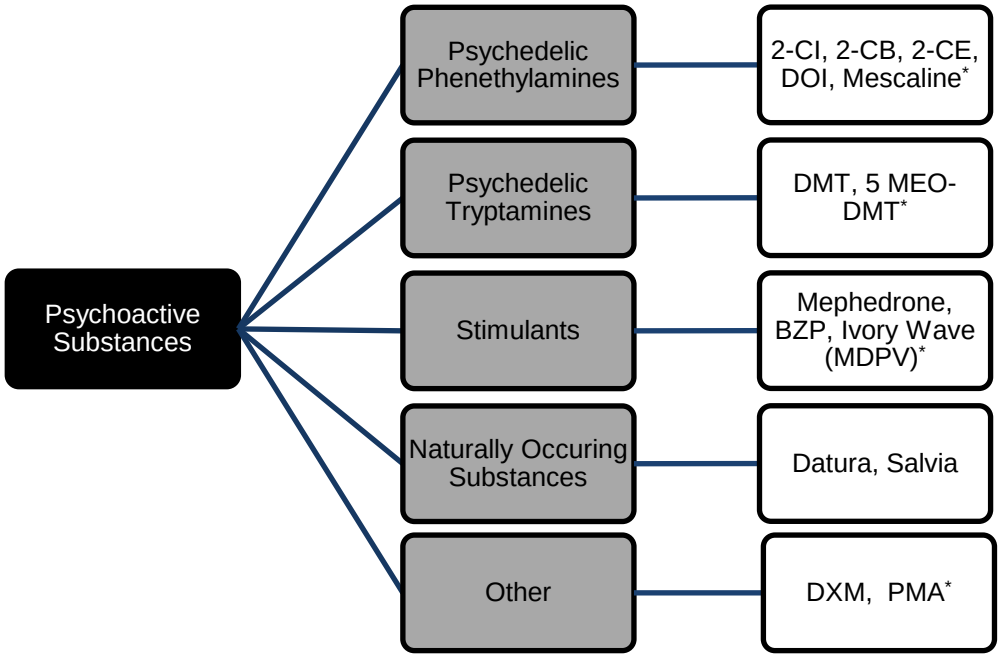


Table 33: Emerging psychoactive substances

Street Name	Chemical Name	Information on Drug	Information on use and effects
2C-I	2,5-dimethoxy-4-iodophenethylamine	A psychedelic drug with stimulant effects	Recent reports suggest that 2C-I is slightly more potent than the closely related 2C-B
2C-B	4-Bromo-2,5-dimethoxyphenethylamine	A psychedelic drug with stimulant effects	2C-B is sold as a white powder sometimes pressed in tablets or gel caps
2C-E	2,5-dimethoxy-4-ethylphenethyl-amine	A psychedelic drug with stimulant effects	Commonly taken orally and highly dose-sensitive

Street Name	Chemical Name	Information on Drug	Information on use and effects
DOI (Death on impact)	2,5-dimethoxy-4-iodoamphetamine	A psychedelic phenethylamine	Requires only very small doses to produce full effects. Has been found on blotting paper and may be sold as LSD[5]
Mescaline	3,4,5-trimethoxyphene-thylamine	A hallucinogenic alkaloid	First isolated in 1896 from the peyote cactus of northern Mexico
DMT	Dimethyl tryptamine	A hallucinogenic drug in the tryptamine family	Similar to LSD though its effects are said to be more powerful. Pure DMT is usually found in crystal form but has been reportedly sold in powder form[6]
5-MeO-DMT	5-methoxy-N,N-dimethyltryptamine	A naturally occurring psychedelic tryptamine present in numerous plants and in the venom of the *Bufo alvarius* toad	It is found in some traditional South American shamanic snuffs and sometimes in Ayahuasca brews. It is comparable in effects to DMT; however, it is substantially more potent. 5-MEO-DMT is mostly seen in crystalline form[7]
Mephedrone	4-methyl-methcathin-one	A stimulant which is closely chemically related to amphetamines	Reportedly produces a similar experience to drugs like amphet-amines, ecstasy or cocaine. Mephedrone is a white, off-white or yellowish powder although it may also appear in pill or capsule form. Mephedrone is probably the most well known of a group of drugs derived from cathinone (a chemical found in the plant called khat)[8]

[5] Erowid: http://www.erowid.org/chemicals/doi/doi.shtml.
[6] Drugscope: http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/dmt).
[7] Erowid: http://www.erowid.org/chemicals/5meo_dmt/5meo_dmt.shtml.
[8] Drugscope: http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/mephedrone.

4.10.1 EPS class

4.10.1.1 Mescaline

Mescaline is a psychoactive phenethylamine chemical which comes from the peyote cactus. It has hallucinogenic properties. A standard dose for oral mescaline use ranges from 200-500 mg. Recent use was reported by 2% of the national sample. Swallowing was reported by most (92%) recent users and smoking was reported by one participant (see Table 34). Median days used is one day (range = 1-5 days) over the last six months. The predominant source for obtaining mescaline is through friends (69%) followed by a dealer (15%). There were single responses to obtaining mescaline through a shop and having found some. Rating for pleasurable effects during the high: median 7 (range 2-10); rating negative effects during the high: median 5 (range 0-10); rating of hangover: median 0 (range 0-10); rating of likelihood of taking it again: median 6 (range 0-10).

Table 34: Use of Mescaline, 2012

(%)	National N=531	National N=549	NSW n=75	ACT n=48	VIC n=86	TAS n=93	SA n=85	WA n=89	NT n=11	QLD n=62
Ever used	15	**11**	11	15	15	11	9	6	9	15
Used last 6 months	4	**2**	1	6	15	2	2	1	0	0

Source: EDRS interviews
*Of those that had used Mescaline recently

4.10.2 Phenethylamines 2C-X class

4.10.2.1 2C-I, 2C-B and 2C-E

2C-I is a psychedelic drug with stimulant effects. A standard oral dose of 2C-I is between 10-25 mg. Recent reports suggest that 2C-I is slightly more potent than its closely related cousin 2C-B. Ten percent of participants that answered the section reported lifetime use of 2C-I and two percent of the sample reported past six month use of 2C-I (Table 35). Median days of use was one (range =1-10 days). ROA reported was swallowing (100%) and snorting (8%; n=1). There were no reports of smoking or injecting the drug. Of those that used 2C-I recently, the primary sources were friends (75%), followed by dealers (25%). Rating for pleasurable effects during the high: median 7 (range 0-9); rating negative effects during the high: median 4.5 (range 0-8); rating of hangover: median 5 (range 0-10); rating of likelihood of taking it again: median 5 (range 0-10).

Closely related is the psychedelic phenethylamine 2C-B (2,5-dimethoxy-4-bromophenethylamine), the dosage range is listed as 16–24mg. 2C-B is sold as a white powder sometimes pressed in tablets or gel caps. The drug is usually taken orally, but can also be snorted. Twenty-four percent of the national sample had lifetime experience of consuming 2C-B, 10% had consumed the drug in the past six months (Table 35). NSW reported the most recent use. Median days of use nationally was one day (range = 1-22 days). Swallowing was the most common ROA reported (93% of recent users), 18% reported having snorted the drug. One participant reported injecting and one participant reported smoking it. Of those that used 2C-B recently, the primary sources were friends (47%) and dealers (4%) with four reports of online medium and one report of a shop. Rating for pleasurable effects during the high: median 7 (range 0-10); rating negative effects during the high: median 3 (range 0-10); rating of hangover: median 3 (range 0-10); rating of likelihood of taking it again: median 7 (range 0-10).

2C-E is also in this class of psychedelic research chemical drugs. It is commonly active in the 10–20mg range, taken orally, and highly dose-sensitive. Snorting requires a much lower dose, typically not exceeding 5mg, but this method of consumption elicits a noticeably painful or uncomfortable sensation in the nasal cavity for 10 minutes or so. Of the three related psychedelic phethylamines, 2C-E is the drug least used in the lifetime (7%) and recently (3%) of participants (Table 35). Most commonly reported ROA nationally was swallowing

(73%) and snorting (27%). One participant reported smoking. Median days used 2C-E was one day (range =1-4 days). Of those that used 2C-E recently, the primary sources were friends (64%) and dealers (27%), with one report of online medium. Rating for pleasurable effects during the high: median 7 (range 0-8); rating negative effects during the high: median 6 (range 1-10); rating of hangover: median 3 (range 0-9); rating of likelihood of taking it again: median 6 (range 0-10).

Table 35: Use of 2C-I, 2C-B, 2C-B, 2012

(%) Ever used	National 2011 N=574	National 2012 N=571	NSW n=73	ACT n=42	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
2CI	12	**10**	5	21	6	18	13	3	8	8
2CB	21	**24**	48	48	15	21	26	8	8	20
2CE	8	**7**	3	12	6	14	5	1	8	5
Used last 6 months	**National 2011 N=574**	**National 2012 N=571**	**NSW n=73**	**ACT n=42**	**VIC n=100**	**TAS n=100**	**SA n=92**	**WA n=90**	**NT n=12**	**QLD n=62**
2CI	5	**2**	1	14	2	2	0	11	0	0
2CB	9	**10**	23	29	10	0	10	3	0	6
2CE	4	**3**	2	7	3	1	0	0	8	2

Source: EDRS interviews

4.10.2.2 *2C-Other*

The 2C-class is quite large, and therefore participants in 2012 were asked if they had tried any other the other 2C-class drugs. Three percent (n=16) reported that they had tried a 2C-class drug (outside of those mentioned above). Eight participants (1%) had used these drugs recently including 2C-NBOME, 2C-C, 2C-P. Of recent users participants reported swallowing (88%) and two reports of snorting as the only ROA. Median days of use was 1.5 (range 1-12). Most common sources reported were the internet (online medium) (50%), followed by dealer (25%) and friend (25%).

4.10.3 Phenethylamines Psychedelic class

4.10.3.1 DOI (Death on Impact)

DOI (Death on impact, 2,5-dimethoxy-4-iodoamphetamine) is also a psychedelic phenethylamine. It requires only very small dosages to produce full effects. It is uncommon as a substance for human ingestion but common in research. It has been found on blotter and may be sold as LSD (Erowid: www.erowid.org/chemicals/doi/doi.shtml). Interestingly, only lifetime use was reported in 2012. Historically, recent use was mostly reported in SA (Table 36).

Table 36: Use of DOI, 2012

(%)	National 2011 N=531	National 2012 N=549	NSW n=71	ACT n=80	VIC n=86	TAS n=93	SA n=85	WA n=89	NT n=11	QLD n=62
Ever used	3	**2**	0	0	0	2	6	0	9	1
Used last 6 months	1	**0**	0	0	0	0	0	0	0	0

Source: EDRS interviews

4.10.4 Phenethylamines β– ketones

4.10.4.1 Mephedrone

Mephedrone (4-methylmethcathinone) is a stimulant which is closely related chemically to amphetamines. Users report that mephedrone produces a similar experience to drugs like amphetamines, ecstasy or cocaine. Mephedrone is a white, off-white or yellowish powder which is usually snorted, but can also be swallowed in bombs (wraps of paper) and may also appear in pill or capsule form. Mephedrone is probably the most well known of a group of drugs derived from cathinone (the same chemical found in the plant called khat) although two other compounds are also increasingly recognised on the market. These are methedrone

and methylone. The effects of methylone are said to be broadly similar to mephedrone, although methylone is said to give the user an experience more closely related to taking ecstasy (Drugscope: www.drugscope.org.uk/resources/drugsearch/drugsearchpages/mephedrone).
Mephedrone use continues to be generally reported to have occurred in TAS and VIC. At this point it is unclear whether the declining use of mephedrone is a fluctuation or stabilisation of the mephedrone market. Swallowing and snorting were the most common ROAs reported followed by small numbers injecting mephedrone in the last six months (see Table 37). Median days use in the last six months is two days (range 1-30). Mephedrone was predominantly last sourced from friends (72%) followed by dealers (24%), with one participant reporting other means. For more information on Mephedrone, see Bruno et al., (2012). Emerging psychoactive substance use among regular ecstasy users in Australia. *Drug and Alcohol Dependence, 124,* 19-25. Rating for pleasurable effects during the high: median 6 (range 0-10); rating negative effects during the high: median 2 (range 0-10); rating of hangover: median 6 (range 0-10); rating of likelihood of taking it again: median 5 (range 0-10).

Table 37: Use of mephedrone, 2012

(%)	National N=693	National N=570	NSW n=73	ACT n=42	VIC n=100	TAS n=99	SA n=92	WA n=90	NT n=12	QLD n=62
Ever used	23	**19**	6	10	28	29	16	16	17	18
Used last 6 months	14	**5**	0	0	8	10	4	3	0	6
ROA*										
Snorted	66	**48**	0	0	25	60	25	33	0	100
Swallowed	57	**62**	0	0	88	70	50	67	0	0
Injected	4	**3**	0	0	0	0	25	0	0	0

Source: EDRS interviews
* Of those who had used recently

4.10.4.2 Methylone, bk-MDMA

Methylone, also known as 'M1', 3,4-methylenedioxy-*N*-methylcathinone, bk-MDMA, is an entactogen and stimulant of the phenethylamine, amphetamine, and cathinone classes. It was originally patented by Jacob Peyton and Alexander Shulgin in 1996 as an antidepressant. The more intuitive abbreviation MDMC unfortunately can not be used for this chemical, since it had already been given to another earlier Shulgin creation, 3,4-ethylenedioxymethamphetamine. Methylone is a close structural analogue of MDMA, differing by the addition of a β-ketone group (see http://en.wikipedia.org/wiki/Methylone).

Ten percent of the national EDRS sample reported lifetime use of methylone. Five percent of the sample (n=30) reported recent use across most states (except the NT). Median days use was two (range 1-24). Most recent users reported swallowing (87%) methylone, followed by snorting (30%). It was primarily obtained from friends (70%) or dealers (20%) with two reports of it being a gift, and one report that it was purchased online. Rating for pleasurable effects during the high: median 7 (range 0-10); rating negative effects during the high: median 2 (range 0-10); rating of hangover: median 3 (range 0-10); rating of likelihood of taking it again: median 8 (range 0-10).

4.10.4.3 MDVP (Bath salts)

MDVP marketed as Bath salts and Ivory wave, is reported from limited forensic testing to have contained the active drug methylenedioxypyrovalerone (MDPV), along with cutting agents such as the common local anaesthetic Lidocaine. MDPV is a cathinone derivative, it is more potent than other cathinones, so users that may be used to taking mephedrone or other similar drugs may be increasing the risk to their health by taking too much, in the mistaken belief that it will behave the same. Using MDPV can lead to the overstimulation of both the cardiac system and the nervous system, causing heart problems, agitation,

hallucinations and fits. Lidocaine is a common local anaesthetic frequently used as a cutting agent, to give users the numbing sensation in the mouth or nose which is associated with drugs of high purity (i.e. high-purity cocaine; Drugscope: www.drugscope.org.uk/ourwork/pressoffice/pressreleases/ivory_wave_MDP.

Use in the 2012 national sample was small at about 5% for lifetime and 3% for recent use (Table 38). Swallowing was the main ROA reported by recent users (47%) followed by snorting (43%) and smoking (36%) and one report of injection. Ivory wave was used on a median of two days (range 1-30 days). MDVP was obtained from friends mostly (58%) followed by dealers (33%) with two reports of buying it online. Rating for pleasurable effects during the high of MDVP: median 5 (range 0-10); rating negative effects during the high: median 8 (range 0-10); rating of hangover: median 8 (range 0-10); rating of likelihood of taking it again: median 3 (range 0-10).

Table 38: Use of MDVP, 2012

(%)	National N=531	National N=571	NSW n=73	ACT n=42	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Ever used	2	**5**	0	0	6	5	5	2	17	13
Used last 6 months	2	**3**	0	0	2	4	4	1	8	10

Source: EDRS interviews

4.10.4.4 Cathinone

Lifetime use was reported by eight participants, reporting the use specifically of methcathinone, 4-MEC, Khat and flephedrone and butylone. Recent use was reported by one EDRS participant (Table 39). The only ROA reported was swallowing. Median days used was one day (no range) in the last six months. The only source for obtaining cathinone was friends.

Table 39: Use of cathinone, 2012

(%)	National N=531	National N=571	NSW n=73	ACT n=42	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Ever used	n.a	**1**	0	2	1	1	2	3	0	0
Used last 6 months	n.a	**1**	0	0	0	0	0	1	0	0

Source: EDRS interviews

4.10.5 Phenethylamines cyclised amphetamines (related to MDMA and amphetamines) class

4.10.5.1 MDAI

Lifetime use was reported by 2% of EDRS participants, with recent use reported by five participants, with use in small numbers reported in the ACT, TAS, WA and SA. All recent users reported the ROA of swallowing, with one report of smoking and snorting. Median days used was two days (range =1-12 days) in the last six months. Sources for obtaining MDAI were split across the following groups: dealers, shop, friend and online. Rating for pleasurable effects during the high: median 7 (range 5-10); rating negative effects during the high: median 2 (range 0-4); rating of hangover: median 2 (range 0-4); rating of likelihood of taking it again: median 8 (range 3-10).

4.10.6 Tryptamines class (3'- Substituted, 5'-Substituted)

4.10.6.1 DMT

DMT (chemical name dimethyltriptamine) is a hallucinogenic drug in the tryptamine family, which is similar to LSD though its effects are said to be more powerful. Pure DMT is reportedly found in crystal form but has been reportedly sold in powder form. It can be

injected, smoked or sniffed and the effects rarely last more than two hours (Drugscope: www.drugscope.org.uk/resources/drugsearch/drugsearchpages/dmt). Twenty-six percent of the national sample reported lifetime use of DMT. Thirteen percent of the national sample reported using it recently, the most used EPS reported in this sample. The main route of administration reported by users was smoking (96%) followed by swallowing (7%) and one participant reported snorting. Median days of use was 1.5 (range = 1-14 days) among recent users (Table 40). Friends (77%) were the source most commonly reported for obtaining DMT, followed by dealer (18%) two reports of online medium, and one report of being receieved as a gift. Rating for pleasurable effects during the high: median 8 (range 0-10); rating negative effects during the high: median 1 (range 0-10); rating of hangover: median 0 (range 0-8); rating of likelihood of taking it again: median 10 (range 0-10).

Table 40: Use of DMT, 2012

(%)	National 2011 N=531	National 2012 N=571	NSW n=73	ACT n=42	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Ever used	27	**26**	21	36	28	15	22	32	33	34
Used last 6 months	14	**13**	15	36	14	6	5	22	25	15

Source: EDRS interviews

4.10.6.2 MXE (3'-Substituted)

Lifetime use of MXE was 12%, with eight participants reported consuming it in the previous six months. ROA reported were snorting (75%) and swallowing (38%). Median days used was four days (range = 1-60 days). MXE was recently obtained online (63%) followed by friends (25%) and one participant said it was a gift. Rating for pleasurable effects during the high: median 8 (range 7-10); rating negative effects during the high: median 1.5 (range 0-4); rating of hangover: median 1 (range 0-8); rating of likelihood of taking it again: median 10 (range 6-10).

4.10.6.3 5-MEO-DMT (5'-Substituted)

5-MeO-DMT (5-methoxy-dimethyltryptamine) is a psychedelic tryptamine. 5-MeO-DMT is a naturally occurring psychedelic present in numerous plants and in the venom of the *Bufo alvarius* toad. It is found in some traditional South American shamanic snuffs and sometimes in ayahuasca brews. It is somewhat comparable in effects to DMT; however, it is substantially more potent, so it should not be confused with DMT. 5-MeO-DMT is mostly encountered as a crystalline chemical and smoked, snorted, or swallowed for recreation and/or insight. The standard dosage range for smoked 5-MeO-DMT is between 2-15 mg (Erowid: www.erowid.org/chemicals/5meo_dmt/5meo_dmt.shtml).

Four participants reported consuming 5-MeO-DMT in the previous six months of the national sample. The only ROA reported was smoking. Median days used was 1.5 days (range = 1-2 days). 5-Meo-DMT was recently obtained by friends (75%; see Table 41). Rating for pleasurable effects during the high: median 8 (range 8-10); rating negative effects during the high: median 1.5 (range 0-3); rating of hangover: median 0 (no range); rating of likelihood of taking it again: median 9.5 (range 8-10).

Table 41: Use of 5-MEO-DMT, 2012

(%)	National 2011 N=531	National 2012 N=549	NSW n=75	ACT n=48	VIC n=86	TAS n=93	SA n=85	WA n=89	NT n=11	QLD n=62
Ever used	6	**2**	0	0	1	3	2	0	9	5
Used last 6 months	2	**<1**	0	0	1	1	1	1	9	2

Source: EDRS interviews

4.10.7 Piperazines class

4.10.7.1 BZP

BZP (1-benzylpiperazine) is a piperazine and a central nervous system (CNS) stimulant which gained popularity in some countries in the early 2000s as a legal alternative to amphetamine, methamphetamine, and MDMA. It is one of the more commonly used piperazines, providing stimulant effects which people describe as a noticeably different than those of amphetamines. It is not particularly popular because many people find that it has more side effects than amphetamines. BZP is used orally at doses of between 70-150 mg and effects are reported to last 6-8 hours (Erowid: www.erowid.org/chemicals/bzp/bzp_basics.shtml).

Lifetime use was at 7% of the sample. Recent use was reported by seven participants, with use in small numbers spread across SA, VIC, WA and QLD (Table 42). Eighty-six percent nominated swallowing as the main ROA with one participant reporting smoking. Median days used was one day (range =1-2 days) in the last six months. The most commonly reported sources for obtaining BZP was dealer (43%) and friends (43%), one purchase was reported through online medium. Rating for pleasurable effects during the high: median 5 (range 1-8); rating negative effects during the high: median 5 (range 0-10); rating of hangover: median 5 (range 0-10); rating of likelihood of taking it again: median 1 (range 0-10).

Table 42: Use of BZP, 2012

(%)	National N=693	National N=571	NSW n=73	ACT n=42	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Ever used	6	**7**	5	5	5	1	7	14	0	10
Used last 6 months	2	**1**	0	0	2	0	7	1	0	2

Source: EDRS interviews

4.10.8 Natural occurring substances

4.10.8.1 Datura/Angel's Trumpet

There are many different species in the Datura genus. Probably the two most well-known are the devil's weed (*Datura inoxia*) and the thornapple or jimson weed (*Datura strammonium*). The plant's effects are mainly stupefying. That is, they make the user feel drowsy, drunk-like and detached from things around them. They can also bring on hallucinations**.** Doses are difficult to judge and can easily cause unconsciousness and death (Drugscope: www.drugscope.org.uk/resources/drugsearch/drugsearchpages/datura).

Recent use was reported by three participants with two reports of smoking as an ROA and one participant reporting swallowing it. Median days of recent use was one day (no range; Table 43). Datura was obtained through friends. Rating for pleasurable effects during the high: median 6 (range 3-7); rating negative effects during the high: median 0 (range 0-5); rating of hangover: median 4 (range 0-8); rating of likelihood of taking it again: median 0 (range 0-7).

Table 43: Use of Datura, 2012

(%)	National N=531	National N=549	NSW n=75	ACT n=48	VIC n=86	TAS n=93	SA n=85	WA n=89	NT n=11	QLD n=62
Ever used	7	**8**	8	10	6	5	12	5	0	13
Used last 6 months	<1	**<1**	0	2	0	1	0	1	0	0

Source: EDRS interviews

4.10.9 Other drugs

4.10.9.1 DXM

Dextromethorphan is a semisynthetic opiate derivative which is legally available over the counter in the United States. It is most commonly found in cough suppressants, especially those with 'DM' or 'Tuss' in their names. It is almost always used orally, although pure DXM powder is occasionally snorted. The effects of DXM generally fall into the category of dissociatives, along with ketamine, PCP, and nitrous. As with many psychoactive substances, dosages of DXM vary greatly, depending on the individual and the desired level of effects. Recreational doses range from 100 mg to 1,200 mg or more (Erowid: www.erowid.org/chemicals/dxm/dxm_basics.shtml).

Sixteen participants reported using DXM recently (Table 44). DXM was swallowed by 100% of recent users in the last six months. Median days of recent use was 1.5 days (range = 1-10 days) in the last six months. Of those that used DXM recently, the primary sources were shops (69%) followed by dealers (13%) and friends (13%) with one report of another source. Rating for pleasurable effects during the high: median 4.5 (range 0-8); rating negative effects during the high: median 4.5 (range 0-10); rating of hangover: median 0 (range 0-10); rating of likelihood of taking it again: median 2.5 (range 0-10).

Table 44: Use of DXM, 2012

(%)	National 2011 N=531	National 2012 N=549	NSW n=75	ACT n=48	VIC n=86	TAS n=93	SA n=85	WA n=89	NT n=11	QLD n=62
Ever used	13	**12**	13	19	11	10	12	11	9	13
Used last 6 months	5	**3**	3	2	5	4	1	2	0	3

Source: EDRS interviews

4.10.9.2 PMA

Para-methoxyamphetamine (PMA) has been used as a recreational psychoactive drug, primarily in the 1970s, and in Australia since late 1994. More recently, it has been sold as MDA or MDMA (ecstasy). Pure PMA is a white powder, but street products can also be beige, pink or yellowish. Today it is usually made into pressed pills.

The effects of PMA include increase in energy, visual distortions and a general change in consciousness. Symptoms after ingestions can be pupil dilation, erratic eye movements, muscles spasms, increase in body temperature, nausea and vomiting. In some cases ingestion can lead to convulsions, coma and death. PMA has caused a number of deaths in Canada and Australia and has been implicated in two recent deaths in Chicago, USA. Most PMA deaths have been in users who have taken tablets sold as 'ecstasy' (Drugscope: www.drugscope.org.uk/resources/drugsearch/drugsearchpages/pma).

Ten participants reported using PMA recently (Table 45). For recent users, swallowing was the only ROA reported. Median days used PMA recently was one day (range 1-2 days). PMA was reportedly obtained by friends (70%) or dealers (30%).

Table 45: Use of PMA, 2012

(%)	National 2011 N=531	National 2012 N=571	NSW n=73	ACT n=42	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Ever used	3	**5**	4	0	7	0	15	1	0	7
Used last 6 months	1	**2**	0	0	3	0	7	0	0	2

Source: EDRS interviews

4.10.10 Cannabinoids

4.10.10.1 Synthetic cannabinoids

A new generation of recreational psychoactives emerged in 2006, with the arrival of a smoking blend named "Spice". The only ingredients listed on the label of Spice, as well as the labels of numerous similar blends, are various herbs. However, these products have recently been found to also contain synthetic chemicals with effects similar to THC. Although sold in the same contexts as the mostly ineffective ‘legal buds’ (in headshops and by online vendors), Spice and its relatives are ostensibly marketed as ‘incense’ rather than smoking material.

Lifetime use of synthetic cannabinoids was high among the sample at 28% compared to 2011, and recent use was 16%. Use was reported across all states mostly QLD, VIC and WA. Median days of use was two days (range 1-180 days). Synthetic cannabis was mainly smoked (98%), with two reports of being swallowed. The main sources it was obtained from were shops (48%), friends (44%), four reports were from online, two reports were from gifts, and one report from ‘other’ source. Of the brands mentioned, Kronic was the most popular brand mentioned (67%), followed by northern lights (9%) and K2/Spice (8%). There were many other brands listed by one or two participants.

4.10.11 Other drugs: Opiates

4.10.11.1 MPTP

There were no reports of lifetime or recent use of MPTP.

5 DRUG MARKET: PRICE, PURITY, AVAILABILITY & SUPPLY

5.1 Ecstasy

- The median price of a tablet of ecstasy nationally was $25 ranging from $20 in SA to $40 in the NT. A capsule nationally was a median of $30 and ecstasy (MDMA) powder was reported at a median price of $300 per gram. The majority of the participants in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months.
- With reports of ecstasy purity, we saw a significant increase in those reporting purity as high and a significant decrease in those reporting purity as low. However, the highest portion of participants reported purity as medium (35%). There continued to be a mixed view as to the purity change over the last six months.
- The majority continued to report that ecstasy was easy to very easy to obtain (89%). The majority in all jurisdictions reported that availability had remained stable (62%) in the six months prior to interview.
- Ecstasy was purchased from a range of people (median=3 people), most commonly from friends, on a monthly basis with a median of four pills purchased in one session.
- It was also used in a range of locations, most commonly in nightclubs.

5.1.1 Price

The median price of ecstasy pills nationally was $25 (range $2-$50) ranging from $20 in SA to $40 in the NT. The price fluctuated across jurisdictions compared to 2011 results. The median price of capsules was $30 ranging from $25 in SA to $50 in the NT. The price of powder per gram varied across jurisdictions with a national median price of $300 per gram an increase from $250 reported in 2011 (caution small numbers reporting across jurisdictions; Table 46). Comparable to 2011, the majority of ecstasy users in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months (Table 47).

Table 46: Median last price paid for ecstasy tablet and participants' reports of price change, 2012

	National 2011 N=574	National 2012 N=607	NSW n=100	ACT n=51	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Median price ($) per tablet (range)	N=524 25 (1-70)	**N=550** **25** **(2-50)**	25 (5-50)	25 (10-40)	30 (7-50)	30 (18-50)	20 (10-30)	35 (20-50)	40^ (25-50)	25 (2-40)
Median price ($) per capsule (range)	N=170 30 (10-50)	**N=162** **30** **(2-60)**	40 (20-60)	30^ (15-35)	30 (20-40)	30 (5-40)	25^ (20-30)	35 (20-50)	50^ (-)	25^ (20-40)
Median price ($) per gram powder (range)	N=26 250 (100-900)	**N=15** **300** **(30-350)**	142.50^ (30-250)	300^ (-)	300^ (250-350)	300^ (225-300)	n.a	60^ (-)	350^ (-)	300^ (-)

Source: EDRS interviews
Note: n.a means data was not available
^ Small numbers interpret with caution

Table 47: Price changes reported by REU, 2012

(%)	National 2011 N=533	National 2012 N=607	NSW n=100	ACT n=51	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Price change										
Increased	25	**16**	24	24	22	8	11	12	25	15
Stable	56	**63**	56	44	58	79	60	69	75	69
Decreased	7	**10**	8	11	10	9	14	10	0	6
Fluctuated	12	**11**	12	22	11	4	14	10	0	11

Source: EDRS interviews
Note: Response 'don't know' has been excluded from analysis.

Table 48 presents the median price of ecstasy across time. Although prices do vary across jurisdictions, the price of ecstasy appears to be higher in more remote jurisdictions, such as the NT and WA, whilst larger jurisdictions such as NSW and VIC have traditionally reported lower prices. In most jurisdictions, (exception of the NT), the price of ecstasy has steadily declined across time.

Table 48: Median price of ecstasy per tablet, 2000-2012

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	40	n.a.	n.a.	n.a.	45	n.a.	n.a.	40
2001	35	n.a.	n.a.	n.a.	40	n.a.	n.a.	40
2002	35	n.a.	n.a.	n.a.	35	n.a.	n.a.	n.a.
2003	35	35	30	50	35	40	50	35
2004	35	35	30	40	35	50	50	32
2005	30	35	30	45	30	40	50	32
2006	30	35	30	40	30	40	50	30
2007	30	30	30	40	30	40	50	30
2008	30	30	27.50	35	25	40	50	25
2009	20	25	25	35	20	35	50	20
2010	25	25	25	35	23	35	35	25
2011	25	30	25	30	20	30	35	25
2012	25	25	30	30	20	35	40	25

Source: EDRS interviews
Note: Data first collected in NSW, SA and QLD in 2000; data not collected in QLD for 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. From 2009, participants reported last price paid for ecstasy tablet not market price

Table 49 illustrates the change in prices reported when ecstasy tablets (pills) are purchased in larger quantities.

Table 49: Median price of ecstasy tablets bought in larger quantities, 2012

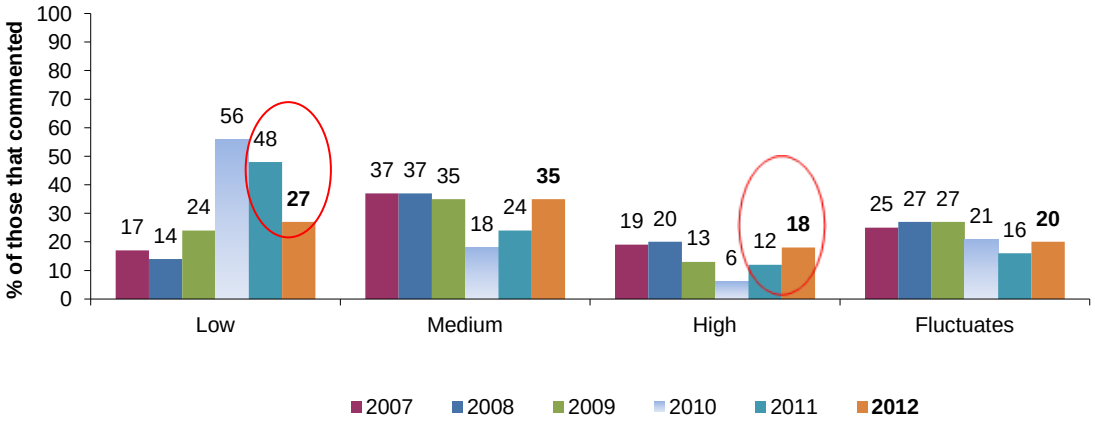
	Per pill/10 pills	Per pill/20 pills	Per pill/50 pills	Per pill/100 pills
NSW	$20/$200	$20/$350	$16.5/$950^	$15/$1000^
ACT	$20/$240	$16.5/$400	$15^/$870^	$10^/$1300^
VIC	$22.5/$230	$21.5/$400^	$18/$1000^	$17/$1650^
TAS	$30/n.a	$25^/n.a	$20^/ $675^	$20^/$30^
SA	$20/$200	$18/$365	$15/$750	$15/$1300
WA	$32.5/$300^	$30/$550^	$28/$1000^	$25/$2500^
NT	$30^/$400^	$28^/n.a	$25^/n.a	$18^/n.a
QLD	$20/$200	$18 /$400^	$15/$1000^	$13/$1000^

Source: EDRS interviews
Note: ^ small numbers reporting, interpret with caution

5.1.2 Purity

Participants' perceptions of ecstasy purity has changed markedly in recent years from earlier years. In 2012, we saw a significant decrease in those reporting purity as low (p<0.05) and a significant increase in those reporting purity as high (p<0.05) with most participants reporting that ecstasy purity had decreased remaining at low purity (see Figure 13).

Figure 12: National REU reports of current ecstasy purity, 2007-2012



Source: EDRS interviews
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

In 2012, users reported that the purity of ecstasy was 'medium', however, there was a significant increase in those that reported purity as 'high' and a significant decrease in those that reported it as 'low' (Table 50). This increase in purity is supported by Customs seizure data also. These results vary from last year whereby the general consensus was that purity was 'low'.

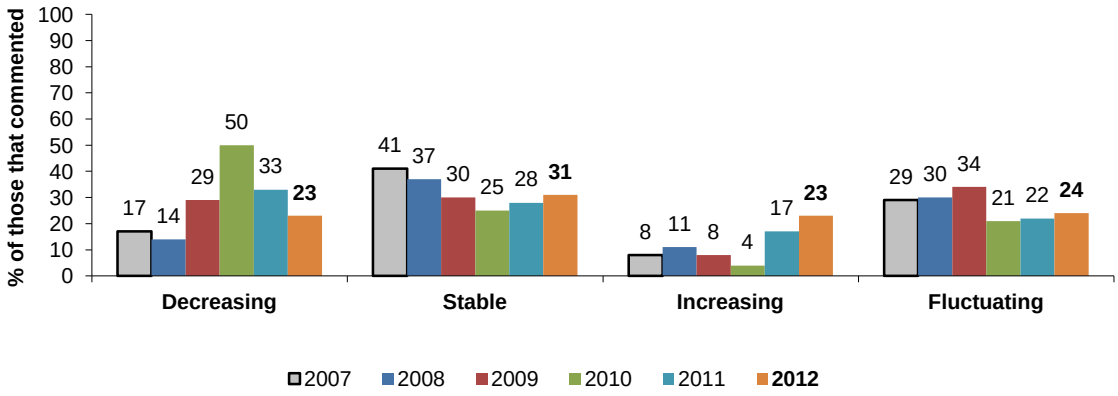
Table 50: Participant reports of current ecstasy purity, 2012

(%) Current purity	National 2011 N=566	National 2012 N=595	NSW n=100	ACT n=50	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Low	48	**27** ↓	19	32	25	20	30	29	44	36
Medium	24	**35**	38	26	28	47	41	35	44	19
High	12	**18** ↑	13	26	29	14	20	14	0	18
Fluctuates	16	**20**	29	16	19	18	9	23	11	27

Source: EDRS interviews

Participants were asked to comment on the change of ecstasy purity in the preceding six months. The result is mixed across the categories but generally the purity of ecstasy is considered stable (Figure 14).

Figure 13: National REU reports of recent (last six months) change in ecstasy purity, 2007-2012



Source: EDRS Interviews
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Table 51 presents jurisdictions' reports and variability of perceived purity change of ecstasy in the six months preceding interview. Mixed results for purity change are evident (see), with 31% reporting that purity change of ecstasy is stable.

Table 51: Participant reports of changes in ecstasy purity in the past six months, 2012

(%) Current purity change	National 2011 N=545	National 2012 N=564	NSW n=96	ACT n=47	VIC n=95	TAS n=92	SA n=90	WA n=77	NT n=8^	QLD n=59
Increasing	17	**23**	18	13	34	13	31	30	0	15
Stable	28	**31**	31	32	22	44	28	29	88	25
Decreasing	33	**23**	31	30	26	12	22	13	13	29
Fluctuating	22	**24**	20	26	18	32	19	29	0	31

Source: EDRS interviews
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Estimates of purity by users are necessarily subjective and depend, among other factors, on users' tolerance to the drug. Laboratory analyses of the purity of seizures provide more objective evidence regarding purity changes, and should, therefore, be considered in addition to the subjective reports of users. However, it is also important to note the limitation of the average purity figures – namely, that not all illicit drugs seized by Australia's law enforcement agencies are analysed for purity. In some instances, seized drugs will be analysed only in a contested court matter. The purity figures, therefore, relate to an unrepresentative sample of the illicit drugs available in Australia. Notwithstanding this limitation, the purity figures provided remain the most objective measure of changes in purity levels available in Australia.

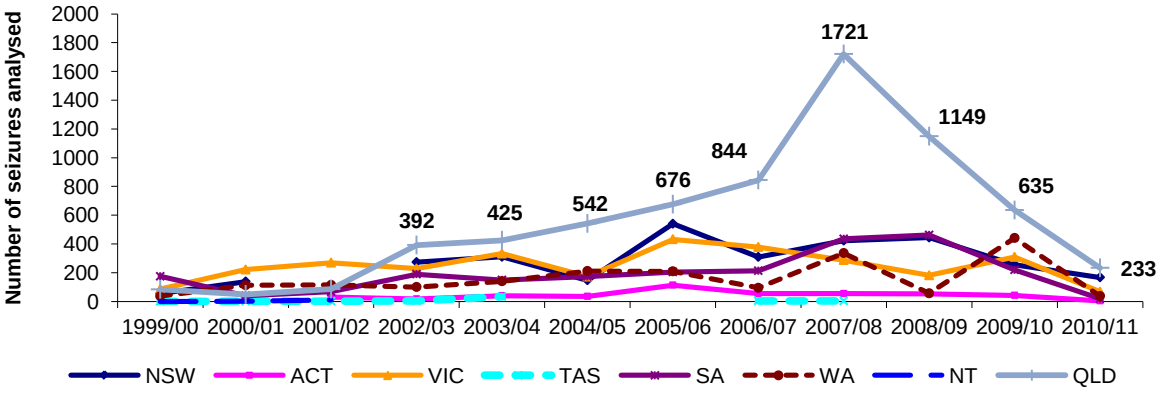
The purity data presented in this report are provided by the ACC and the former Australian Bureau of Criminal Intelligence (ABCI). The ACC provided data on state/territory police and Australian Federal Police (AFP) seizure data, including the number and weight of seizures. In 1999/00, the purity was reported as 'ecstasy' seizures. Since 2000/01, ecstasy seizures have been reported under 'phenethylamines'. Ecstasy belongs to the phenethylamine family of drugs. Other drugs such as 4-bromo-2,5-dimethoxyamphetamine (DOB), 2,5-dimethoxy-4-methylamphetamine (DOM), MDA, 3,4- methylenedioxyethylamphetamine (MDEA),

Paramethoxyamphetamine (PMA), and 4-methylthioamphetamine (4-MTA) also belong to the phenethylamine family and seizures of these drugs are included in the seizure data from 1999/00.

The following caveat applies to figure 15 through to 19 below: Figures do not represent the purity levels of all phenethylamine seizures – only those that have been analysed at a forensic laboratory. Figures for WA, TAS and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of phenethylamines received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of phenethylamines seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police.

In 2010/11, the number of state seizures analysed continued to drop across many jurisdictions. Most apparent is the decrease in the number of seizures in QLD from 1,149 in 2008/09 to 233 in 2010/11. There were no seizures analysed in the NT or TAS in 2005/06, 2008/09 and 2009/10 (Figure 15, QLD is highlighted in figure below).

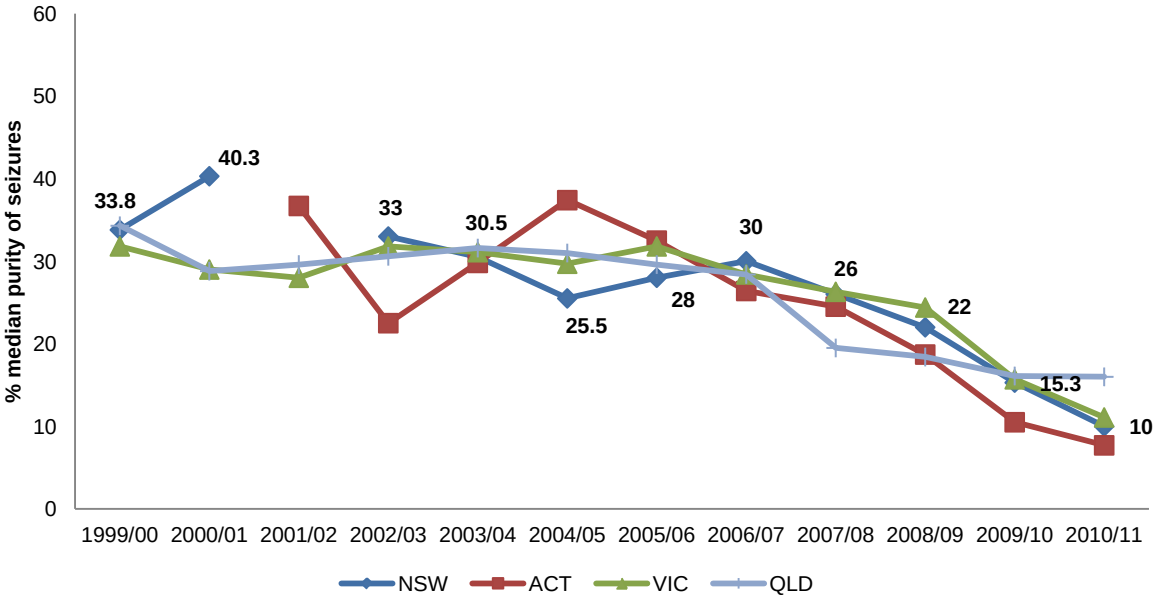
Figure 14: Number of phenethylamine state police seizures, 1999/00-2010/11



Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011)
Note: Data for 2011/12 were not available at time of publication.

The analysed median purity of the state police seizures indicates that, generally, purity of phenylethylamine seizures in the eastern states with the larger populations has been on a slight declining trend since 1999/00. The median purity level continues to decline in levels reported in 2010/11 (Figure 16, NSW trend figures highlighted).

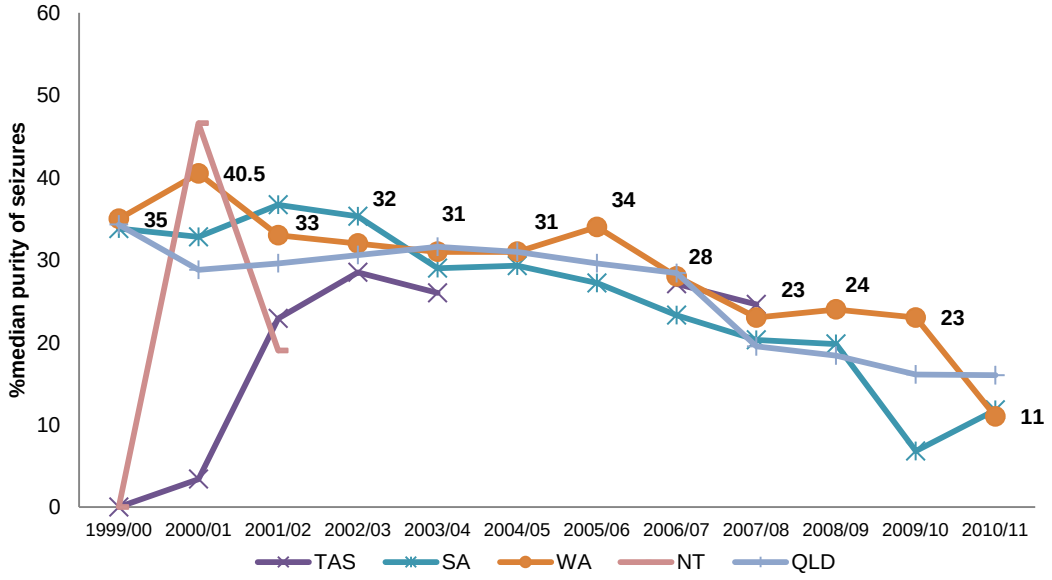
Figure 15: Median purity of state police phenethylamine seizures, eastern jurisdictions, 1999/00-2010/11



Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011)
Note: Data for 2010/11 were not available at time of publication.

In smaller jurisdictions, the analysed median purity of the state police seizures are at a similar level to the larger jurisdictions above. SA reported a noticeable decline in purity. The trend also illustrates a decline in purity over time. TAS and the NT did not have any data recorded in 2010/11 (Figure 17, WA trend figures highlighted).

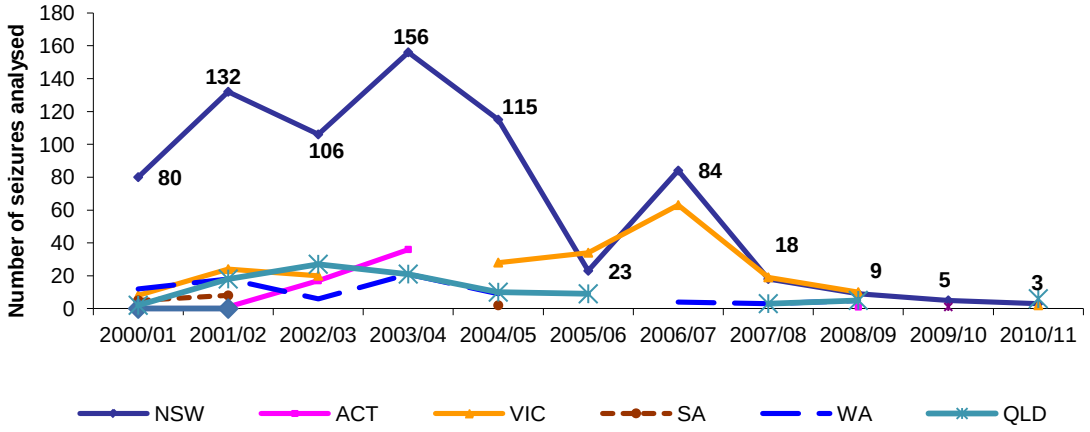
Figure 16: Median purity of state police phenethylamine seizures, smaller jurisdictions, 1999/00-2010/11



Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011)
Note: Data for 2011/12 were not available at time of publication

In 2010/11, NSW, VIC, SA and QLD were the only states that recorded any AFP phenethylamine seizures that were analysed, and numbers were much lower than for state police seizures. In NSW, the number of AFP seizures continues to decline (Figure 18, NSW trend highlighted). NT and TAS are not shown.

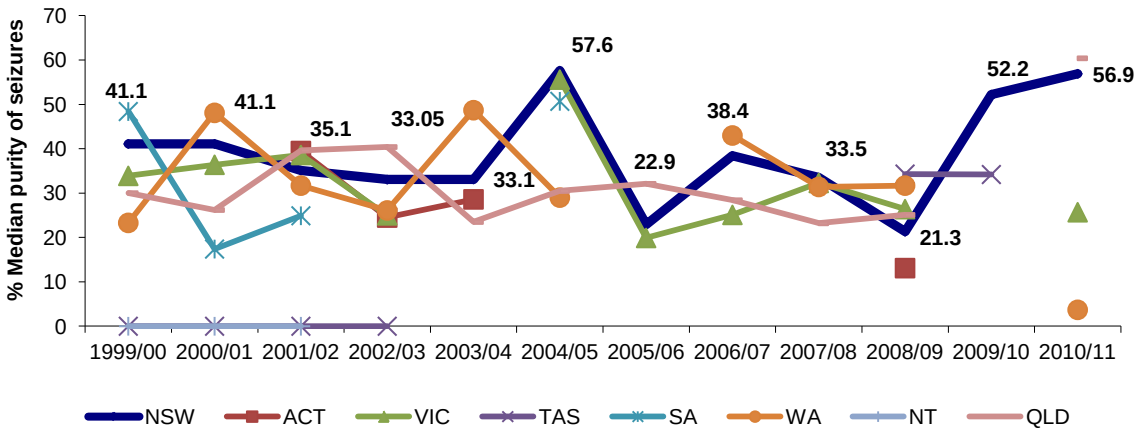
Figure 17: Number of AFP phenethylamine seizures, by jurisdiction, 1999/00-2010/11



Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011)
Note: Data for 2011/12 were unavailable at time of publication

The median purity of AFP phenethylamine seizures remained relatively stable across time for the majority of jurisdictions. NSW has experienced fluctuations across time, with stability reported from 2009/10 to 2010/11 (Figure 19, NSW trend highlighted). Note: difficult to interpret trends as small number of seizures across jurisdictions n<10.

Figure 18: Median purity of AFP phenethylamine seizures, by jurisdiction, 1999/00-2010/11



Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011)
Note: Data for 2011/12 were unavailable at time of publication.

5.1.3 Availability

The majority of the EDRS national sample continued to report ecstasy as being easy to very easy to obtain (89%). Over half that commented reported that availability had remained stable in the six months prior to interview (Table 52).

Table 52: REU reports of availability of ecstasy in the preceding six months, 2012

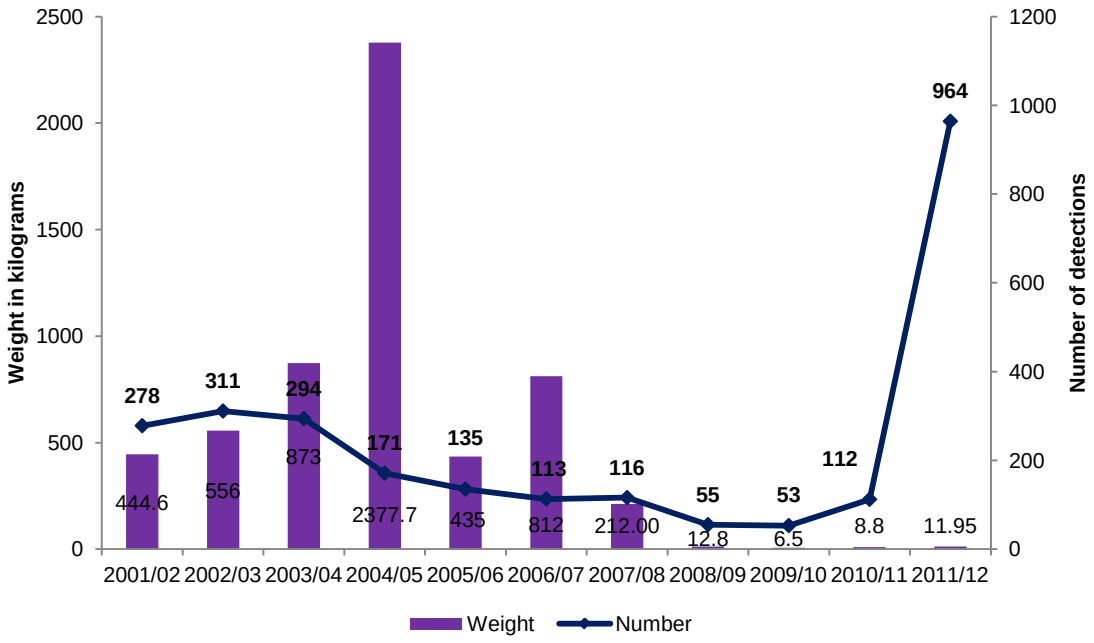
(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability of ecstasy	2011 N=564	2011 N=588	n=99	n=51	n=100	n=94	n=92	n=83	n=7^	n=62
Very easy	35	**40**	42	37	35	36	52	18	0	57
Easy	43	**49**	46	51	54	53	41	65	43	31
Difficult	20	**10**	12	10	9	10	1	12	43	11
Very difficult	2	**2**	0	2	2	1	0	5	14	2
Change in availability	**N=551**	**N=574**	**n=98**	**n=49**	**n=100**	**n=94**	**n=88**	**n=79**	**n=6^**	**n=60**
More difficult	18	**11**	11	12	8	6	8	22	33	8
Stable	61	**62**	62	71	61	73	61	44	67	63
Easier	14	**21**	18	10	27	14	22	32	0	23
Fluctuates	7	**6**	8	6	4	6	9	3	0	5

Source: EDRS interviews
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

5.1.3.1 Ecstasy detected at the Australian border

The weight of MDMA presented here is the weight of the tablets, not the weight of the active drug. While the weight of seizures have remained similar over the last four years, the number of seizures has increased in 2011/12 (Figure 20).

Figure 19: Number and weight of detections of MDMA detected at the border by the Australian Customs and Border Protection Service, financial years 1997/98-2011/12



Source: (Australian Customs Border and Protection Service, 2012)

5.1.4 Supply: Purchasing patterns and locations of use

Ecstasy was reportedly purchased from a median of three people (range=0-35 people), and just under two-thirds (58%) reported typically purchasing for themselves and friends on those occasions. Among this group, figures of frequency of purchase were comparable to those reported in 2011, with almost half (45%) of the sample reporting purchasing ecstasy monthly or less. The median number of ecstasy pills purchased at a time was four (range=1-1000 pills, Table 53). Large numbers may be indicative of purchasing for further sales and distribution networks.

Table 53: Purchasing patterns related to ecstasy use, 2012

(%)	National 2011 N=555	National 2012 N=586	NSW n=100	ACT n=48	VIC n=96	TAS n=96	SA n=91	WA n=88	NT n=7^	QLD n=60
Median no. people bought ecstasy from (n; range)	3 (0-100)	**3 (0-35)**	3 (1-20)	3 (1-35)	3 (0-15)	3 (0-30)	3.5 (0-20)	2 (0-20)	2 (1-5)	3 (1-10)
Last time purchased ecstasy for:										
Yourself	36	**39**	42	24	41	42	40	43	38	26
Yourself and others	61	**58**	57	72	56	57	55	54	38	69
Others only	1	**1**	1	2	0	0	3	0	13	2
Didn't purchase	2	**2**	0	2	3	1	1	2	13	3
Frequency of purchase:										
Monthly or less (1-6 times)	51	**45**	38	31	39	43	37	78	86	38
Fortnightly or less (7-12 times)	33	**35**	44	44	44	29	46	8	14	37
Weekly or less	15	**15**	15	17	16	18	11	11	0	23
Three times per week or more (25-180)	1	**5**	3	8	2	10	6	2	0	2
Median no. pills usually purchased (n; range)	4 (1-10000)	**4 (1-1000)**	4 (1-1000)	5 (1-340)	4 (1-500)	3 (1-160)	5 (1-200)	3 (1-150)	5 (1-12)	8 (1-700)

Source: EDRS interviews

Ecstasy was purchased from a range of sources and from a variety of public and private locations, with the most common sources at the national level being friends (64%) and known dealers (18%; Table 54).

Source location for ecstasy purchase is private locations such as friend's home (31%) and dealers home (8%) followed by public locations such as nightclubs (13%), and agreed public locations (11%).

Ecstasy was reportedly most commonly used in a nightclub setting (40%) followed by private settings such as own home and friend's home (14%), own home (11%) and private parties (12%, Table 54).

Table 54: Last source, purchase location and use location of ecstasy, 2012

(%) Source	National 2011 N=570	National 2012 N=600	NSW n=100	ACT n=50	VIC n=100	TAS n=99	SA n=92	WA n=90	NT n=7^	QLD n=62
Friends	61	**64**	51	64	66	65	66	74	71	65
Known dealers	22	**18**	36	28	15	11	16	7	14	13
Acquaintances	8	**9**	4	6	4	10	12	14	0	11
Unknown dealers	5	**4**	9	0	5	6	2	0	0	7
Workmates	1	**1**	0	0	0	4	0	0	0	2
Other	1	**1**	0	0	1	0	0	2	14	0
Street dealers	<1	**1**	0	2	4	0	1	0	0	0
Mobile dealers	<1	**<1**	0	0	2	0	0	0	0	0
Relatives	n.a	**1**	0	0	1	0	0	0	0	0
Online	n.a	**<1**	0	0	1	0	0	0	0	3
Haven't obtained	1	**<1**	0	0	1	1	0	0	0	0
Location obtained										
Friend's home	29	**31**	19	32	33	28	28	47	43	34
Nightclub	15	**13**	14	20	18	7	20	7	0	7
Dealer's home	11	**8**	16	18	5	5	5	4	0	5
Own home	14	**15**	12	18	11	20	8	17	29	21
Agreed public location	10	**11**	12	4	8	3	20	14	0	16
Raves*	2	**1**	2	0	2	3	0	0	14	0
Private party	3	**5**	7	4	1	10	3	6	0	7
Pubs	6	**5**	8	2	1	11	10	0	2	14
Acquaintance's home	2	**2**	0	0	3	1	2	3	0	2
Street	3	**3**	3	2	10	3	2	0	0	0
Work	<1	**1**	0	0	0	5	0	1	0	1
Live music event/festival	3	**2**	4	0	4	1	1	1	0	3
Online	n.a	**<1**	0	0	1	0	0	0	2	3
Other (include. Day club, educational institution etc.)	2	**1**	2	0	2	1	1	0	0	0
Haven't obtained	1	**<1**	0	0	1	1	0	0	0	0
Last use venue										
Nightclub	42	**40**	41	44	39	43	49	30	14	37
Home	9	**11**	7	8	10	8	12	14	29	19
Friend's home	11	**14**	8	14	20	3	20	20	0	19
Live music event/festival	13	**9**	8	12	9	7	5	13	14	7
Private party	9	**12**	18	12	8	18	8	9	0	8
Raves*	6	**5**	7	2	9	7	0	1	14	2
Pub	7	**6**	8	4	3	9	3	4	29	7
Outdoors◊	2	**1**	0	2	0	2	1	2	0	0
Dealers home	<1	**<1**	0	0	0	1	0	0	0	0
Public place	1	**1**	0	2	1	1	0	3	0	0
Work		**<1**	0	0	0	0	1	0	0	0
Other (includes car and day club)	1	**1**	3	0	1	0	1	2	0	2

Source: EDRS interviews
* Includes 'doofs' and dance parties
◊ Examples include at a beach, bushwalking, camping
^ Small numbers interpret with caution

5.2 Methamphetamine

Speed powder

- Price of a gram of speed ranged from $75 in NSW to $400 in WA, with 72% reporting that prices were stable.
- Purity reports of speed were mixed with 35% reporting speed as 'medium' and 35% reporting purity as 'high'. Fifty-one percent reported purity of speed had remained stable.
- Availability has significantly decreased since 2011, with less participants reporting it as easy to very easy to obtain (87% in 2011 to (75% in 2012; $p<0.05$). The majority considered speed availability to have remained stable in the past six months.

Base

- Price of base was commonly reported in points, ranging from $50 in TAS to $85 in SA. Most participants reported that this had remained stable.
- Purity was considered to be 'high' to 'medium' for base, and this was considered to have remained stable.
- Availability reports for base were mixed between being 'very easy' to obtain and being 'difficult' to obtain. Interestingly, participants reported this to have remained stable over the past six months.

Ice/crystal

- Price of ice/crystal was commonly reported in points, ranging from $50 in NSW to $100 in most other jurisdictions except the NT where it was $150. Most participants reported that this had remained stable.
- Most participants reported that ice/crystal purity was 'high'(62%) and that this had remained stable.
- The majority of participants commenting reported that 'ice/crystal' was 'easy' to 'very easy' to obtain and that this had remained stable.

5.2.1 Price

Participants were asked to comment on the price of all three forms of methamphetamine and whether these had changed over the six months preceding interview. A degree of caution should be exercised when considering these figures, as fewer than 10 participants in each jurisdiction reported recent purchase of different forms of methamphetamine. The median prices, by jurisdiction, are presented in Table 55 and perceptions of price changes are shown in Table 56.

The price of speed was recorded in terms of a gram and a point (0.1 gram). The median price of a gram ranged from $75 in NSW to $400 in WA, slightly lower than 2011 figures. Prices reported were considered to have remained stable over the six months prior to interview by the majority of participants that commented.

The price of base was commonly reported in points, last purchase price of a point of base was between $50 per point in TAS to $85 per point in SA. The majority of those commenting in the national sample reported that the price of base had remained stable in the six months prior to interview.

The median price for a point of ice/crystal was $50 in NSW to $100 in WA, SA and VIC, the NT reported $150 per point. This is a continuing increase to figures reported in 2011 across most jurisdictions (see Table 55) and 2009 given that ice/crystal was reported at $50 a point in all jurisdictions, except in the NT (where it was $100). The price per gram was typically higher for ice/crystal than for speed or base. Despite these increases in price, in 2012

compared to 2011 results, participants reported that price had remained stable (68%) six months prior to interview.

Table 55: Median of last price paid of various forms of methamphetamine, 2012

	Median price $ per point (range)						Median price $ per gram (range)					
	Speed powder		Base		Ice/crystal		Speed powder		Base		Ice/crystal	
	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
NSW	32.5^ (15-50)	**35^ (20-50)**	- -	**50^ (40-60)**	60 (16-100)	**50 (40-100)**	80 (20-280)	**75^ (20-450)**	100^ (60-150)	**170^ (160-180)**	- -	**500^ (-)**
ACT	22.5^ (20-30)	**40^ (20-60)**	22.5^ (20-25)	**50^ (20-80)**	80^ (50-110)	**100^ (40-100)**	200 (90-350)	**200 (100-250)**	225^ (110-350)	**250^ (150-300)**	500 (300-1000)	**310^ (240-380)**
VIC	45 (15-100)	**90^ (20-200)**	40^ (20-60)	**100^ (-)**	100 (20-200)	**100 (70-300)**	200 (20-600)	**200 (100-300)**	165^ (60-200)	**300^ (200-320)**	- -	**650^ (350-700)**
TAS	35^ (20-50)	**50 (20-100)**	50^ *(no range)*	**50 (20-100)**	50^ *(no range)*	**60 (50-100)**	250^ (100-300)	**300 (100-350)**	150^ *(no range)*	**300^ (200-300)**	275^ (250-300)	**300^ (80-300)**
SA	50 (20-100)	**85 (25-100)**	50^ (50-100)	**85 (25-100)**	95 (50-100)	**100 (30-100)**	300^ (50-800)	**225^ (20-700)**	625^ (450- 800)	**325^ (150- 500)**	400 (100-1000)	**600^ (350-800)**
WA	75 (50-100)	**100^ (40-100)**	100^ (50-100)	**- -**	100^ (50-150)	**100 (50-200)**	475^ (350-600)	**400^ (-)**	- -	**- -**	237.50^ (75-400)	**525^ (350-700)**
NT	- -	**100^ -**	- -	**- -**	- -	**150^ -**	300^ (200-400)	**200^ (50-350)**	- -	**450^ (-)**	- -	**- -**
QLD	25 (10-100)	**100^ (40-150)**	40^ (6-50)	**65^ (50-80)**	100^ (45- 100)	**95 (50-150)**	200 (100-800)	**200^ (-)**	200^ (200-300)	**- -**	400^ (350-550)	**600 (500-700)**

Source: EDRS interviews
^ Small numbers (n<10); interpret with caution

Table 56: Methamphetamine price changes, 2012

(%) Speed price changes (among those who commented)	National 2011 N=190	National 2012 N=181	NSW n=16	ACT n=19	VIC n=50	TAS n=46	SA n=22	WA n=11	NT n=3^	QLD n=14
Increased	**21**	**16**	0	0	16	4	27	27	33	64
Stable	**70**	**72**	88	74	78	85	64	55	67	14
Decreased	**3**	**3**	6	0	4	4	0	0	0	0
Fluctuated	**6**	**9**	6	26	2	7	9	18	0	21
Base price changes (among those who commented)	**National 2011 N=48**	**National 2011 N=57**	**NSW n=7^**	**ACT n=8^**	**VIC n=5^**	**TAS n=15**	**SA n=17**	**WA n=0**	**NT n=1^**	**QLD n=4^**
Increased	**25**	**25**	14	38	20	13	35	-	0	25
Stable	**63**	**70**	86	63	80	80	65	-	100	25
Decreased	**2**	**0**	0	0	0	0	0	-	0	0
Fluctuated	**10**	**5**	0	0	0	0	0	-	0	50
Ice/crystal price changes) (among those who commented)	**National 2011 N=88**	**National 2011 N=122**	**NSW n=14**	**ACT n=10**	**VIC n=35**	**TAS n=7^**	**SA n=25**	**WA n=10**	**NT n=1^**	**QLD n=14**
Increased	**44**	**16**	21	30	6	29	20	13	100	14
Stable	**48**	**68**	64	50	71	71	60	88	0	71
Decreased	**1**	**9**	0	10	20	0	12	0	0	0
Fluctuated	**7**	**7**	14	10	3	0	8	0	0	14

Source: EDRS interviews
^ Small numbers commenting (n<10); interpret with caution
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

The median price per gram of speed has remained substantially lower in NSW compared to other jurisdictions over time, however, in 2011-2012 we saw an increase in price for speed in NSW to the highest reported since monitoring began in 2000. Also in 2012, there appeared to be small numbers commenting in NSW (Table 57).

Table 57: Median price per gram of methamphetamine powder (speed), 2000-2012

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	60
2001	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2002	60	n.a.	n.a.	n.a.	43	n.a.	n.a.	n.a.
2003	55	175	180	200	40	200	60	200
2004	60	80	180	300	50	300	100	180
2005	60	80	180	325	65	300	200	180
2006	60	200	200	325	50	300	122.75	150
2007	50	200	195	300	200	350	250	200
2008	50	225	200	300	200^	100	300^	165
2009	47.50	200	190	255	350	275	300	180
2010	55	200	200	250	200^	300^	350	200
2011	80	200	200	250^	300^	475^	300^	200
2012	**75^**	**200**	**200**	**300**	**225^**	**400^**	**200^**	**200^**

Source: EDRS interviews
^ Small numbers commenting (n<10); interpret with caution
Note: Data not collected in QLD in 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. In 2000, in NSW and SA, price was reported for 'methamphetamine' with no differentiation between forms, and as such is not reported here; no participants reported on the price of speed in QLD in 2001. In 2009 onward, only last price paid for gram of speed was reported.

Very few participants in 2012 across jurisdictions were able to comment on the price per point of base. In 2012, a few jurisdictions reported an increase in price per point of base (Table 58).

Table 58: Median price per point of methamphetamine base (base), 2000-2012

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	30
2001	50	n.a.	n.a.	n.a.	30	n.a.	n.a.	30
2002	40	n.a.	n.a.	n.a.	25	n.a.	n.a.	n.a.
2003	40	40	32.5	50	25	50	50	25
2004	37.5	40	29	50	25	50	50	27.5
2005	30	40	22.5	50	25	50	75	25
2006	37.5	42.5	*(no purchases)*	40	22.5	50	80^	25
2007	40^	50^	50^	40	40	50^	35^	25
2008	42.5^	30	30^	40^	50	50^	*(no purchases)*	25
2009	30^	40^	*(no purchases)*	60^	50^	50^	55^	40^
2010	35^	25^	*(no purchases)*	50^	50^	*(no purchases)*	50^	35^
2011	*(no purchases)*	22.50^	40^	50^	50^	*(no purchases)*	*(no purchases)*	40^
2012	**50^**	**50^**	**100^**	**50**	**85**	**-**	**-**	**65^**

Source: EDRS interviews
^ Small numbers commenting (n<10); interpret with caution.
Note: Data not collected in QLD in 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. No participant commented on the price of a point of base in VIC in 2006. In 2000 in NSW and SA, price was reported for 'methamphetamine' with no differentiation between forms, and as such is not reported here. In 2009 onward, only last price paid for point of base was reported

In 2012, the median price for a point of ice/crystal increased across most jurisdictions. NSW and TAS reported the lowest price for a point of ice/crystal methamphetamine ($50-$60). Please interpret with caution as small numbers in certain jurisdictions (Table 59).

Table 59: Median price per point of crystalline methamphetamine (ice/crystal), 2000-2012

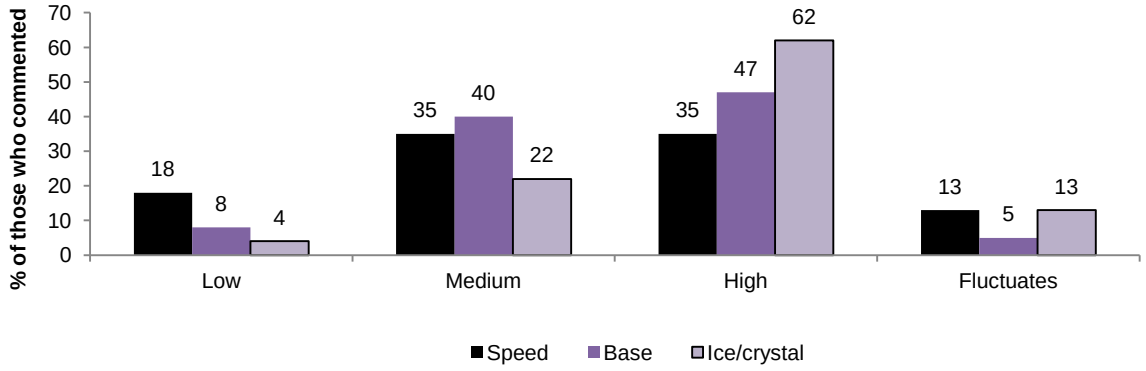
	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	35
2001	50	n.a.	n.a.	n.a.	35	n.a.	n.a.	40
2002	50	n.a.	n.a.	n.a.	25	n.a.	n.a.	n.a.
2003	50	45	40	50^	25	50	65	40
2004	40	47.5	40	50^	25	50	50	40
2005	50	35	40	50^	25	50	80	47.5
2006	50	50	47.5	50^	50	50	80^	50
2007	50	50^	40^	50^	50	50	50^	50
2008	50	50	50^	40^	50	50	*(no purchases)*	50
2009	50^	50^	50^	50^	50	50^	100^	50
2010	50	70^	85^	*(no purchases)*	75^	50^	100^	50^
2011	60	80^	100	50^	95	100^	*(no purchases)*	100
2012	**50**	**100^**	**100**	**60**	**100**	**100**	**150^**	**95**

Source: EDRS interviews
^ Small numbers commenting (n<10); interpret with caution
Note: Data not collected in QLD in 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. In 2000 in NSW and SA, price was reported for 'methamphetamine' with no differentiation between forms, and as such is not reported here. In 2009, only last price paid for point of ice/crystal was reported.
Note: n.a. is data not available

5.2.2 Purity

Participants were asked about their perceptions of speed, base and ice/crystal purity currently and, also, whether this had changed over the last six months. Ice/crystal was most commonly perceived to be of high purity, whilst speed and base were most commonly reported to be of medium to high purity (Figure 21).

Figure 20: National REU reports of current methamphetamine purity, 2012



Source: EDRS interviews
Note: Among those who commented

National differences noted from 2012 include more REU commenting on market characteristics across base and ice/crystal forms (Table 60).

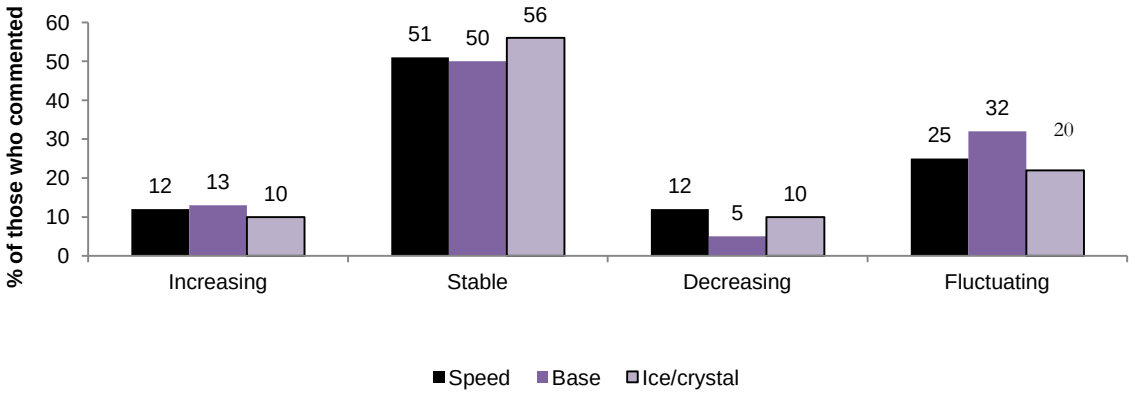
Table 60: Participant reports of current methamphetamine purity, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Current purity Speed	**2011 N=209**	**2012 N=205**	**n=17**	**n=26**	**n=57**	**n=47**	**n=23**	**n=12**	**n=4^**	**n=19**
Low	15	**18**	18	12	9	40	9	8	0	16
Medium	39	**35**	29	27	46	36	26	50	25	6
High	35	**35**	39	36	39	48	35	44	0	26
Fluctuates	10	**13**	12	15	14	6	17	17	0	16
Current purity Base	**2011 N=58**	**2012 N=62**	**n=7^**	**n=9^**	**n=5^**	**n=15**	**n=21**	**n=0**	**n=1^**	**n=4^**
Low	2	**8**	43	0	0	13	0	-	0	0
Medium	35	**40**	29	22	40	67	43	-	0	0
High	53	**47**	29	67	60	20	48	-	100	100
Fluctuates	10	**5**	0	11	0	0	10	-	0	0
Current purity Ice/Crystal	**2011 N=105**	**2012 N=135**	**n=15**	**n=12**	**n=38**	**n=8^**	**n=27**	**n=19**	**n=1^**	**n=15**
Low	4	**4**	7	17	5	0	0	0	0	0
Medium	21	**22**	27	25	21	50	19	11	0	20
High	60	**62**	40	58	63	38	63	68	100	80
Fluctuates	15	**13**	27	0	11	13	19	21	0	0

Source: EDRS interviews
Note: the response option 'don't know' was excluded from analysis from 2009 onwards
^ small numbers commenting (n<10); interpret with caution

The largest proportion of users of all forms of methamphetamine reported that the purity remained stable in the six months preceding interview (Figure 22) (Table 61).

Figure 21: National REU reports of recent (last six months) change in methamphetamine purity, 2012



Source: EDRS interviews
Note: Among those who commented

Table 61: Participant reports of methamphetamine purity change, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Current purity Speed	**2011 N=185**	**2012 N=181**	**n=11**	**n=25**	**n=51**	**n=42**	**n=20**	**n=10**	**n=3^**	**n=19**
Increasing	**12**	**12**	0	12	16	10	15	30	0	5
Stable	**51**	**51**	73	52	53	50	55	40	33	37
Decreasing	**14**	**12**	18	12	14	7	10	0	33	21
Fluctuating	**23**	**25**	9	24	18	33	20	30	33	37
Base	**2011 N=48**	**2012 N=56**	**n=7^**	**n=8^**	**n=4^**	**n=15**	**n=17**	**n=0**	**n=1^**	**n=4^**
Increasing	**4**	**13**	0	13	0	7	18	-	0	50
Stable	**65**	**50**	71	63	100	33	47	-	0	25
Decreasing	**6**	**5**	14	0	0	0	12	-	0	0
Fluctuating	**25**	**32**	14	25	0	60	24	-	100	25
Ice/Crystal	**2011 N=60**	**2012 N=125**	**n=14**	**n=11**	**n=34**	**n=7^**	**n=24**	**n=19**	**n=1^**	**n=15**
Increasing	**25**	**10**	7	18	6	0	8	16	0	13
Stable	**47**	**56**	36	55	62	100	50	53	100	53
Decreasing	**6**	**10**	36	9	12	0	13	0	0	10
Fluctuating	**21**	**24**	21	18	21	0	29	32	0	33

Source: EDRS interviews
Note: the response option 'don't know' was excluded from analysis from 2009 onwards
^ Small numbers commenting (n<10); interpret with caution

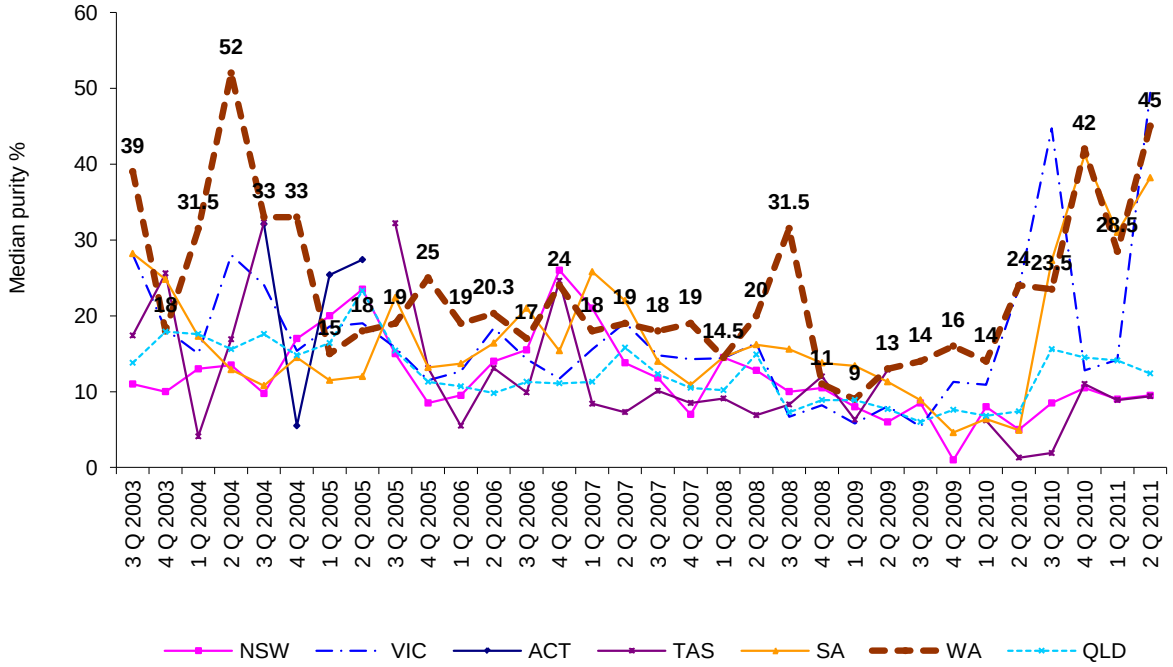
As mentioned previously, user reports of purity are subjective and depend on a number of factors including the user's tolerance to the drug. An objective measure of purity is provided by examination of seizures analysed. There are important caveats to consider when interpreting the methylamphetamine purity data. The ACC has provided the purity figures for state police and AFP seizures.

Secondly, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. The purity figures, therefore, relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from these purity data remains difficult (Australian Customs Service, 2007).

Finally, the purity of methylamphetamine fluctuates widely in Australia as a result of a number of factors, including the type and quality of chemicals used in the production process, the expertise of the 'cooks' involved, as well as whether the seizure was locally manufactured or imported.

Figure 23 shows the median purity across jurisdictions of methylamphetamine seizures (respectively) by quarter from 2003/04. As there were few AFP seizures analysed in most jurisdictions, only state/territory police seizures are shown. There is no clear trend in the purity of methylamphetamine or amphetamine seizures that are analysed. Only data for methylamphetamine seizures are presented here. Amphetamine purity is available from the latest Illicit Drug Data Report available online (http://www.crimecommission.gov.au/). In 2010/11, it would appear that the median purity of methylamphetamine while having fluctuated appears to have increased in WA, VIC and SA, reaching a high in WA of 45%. (WA figures are bolded). No methylamphetamine seizures were analysed for purity in the ACT or the NT in 2010/11 (Australian Crime Commission, 2010).

Figure 22: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 2003/04-2010/11



Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011)
Note: Data for 2011/12 were not available at the time of publication; WA figures highlighted

5.2.3 Availability

Thirty-five percent of the national sample commented on the current availability of speed and whether this had changed in the preceding six months. While the larger proportion of participants found speed to be easy to very easy to obtain (75%), there was a significant increase in those that found it to be more difficult to obtain (24% in 2012 versus 13% in 2011, $p<0.05$). The majority of participants reported that availability of speed had remained stable in the six month prior to interview (71%, Table 62).

Table 62: Availability of methamphetamine powder (speed), 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability	**2011**	**2012**								
(among those who commented)	**N=213**	**N=210**	**n=19**	**n=26**	**n=58**	**n=47**	**n=25**	**n=12**	**n=4^**	**n=19**
Very easy	45	**31**	21	58	35	6	40	58	50	26
Easy	42	**44**	32	39	45	47	48	33	50	58
Difficult	12	**21**	42	4	19	40	12	8	0	11
Very difficult	1	**3**	5	0	2	6	0	0	0	5
Availability changes	**2011**	**2012**	**NSW**	**ACT**	**VIC**	**TAS**	**SA**	**WA**	**NT**	**QLD**
(among those who commented)	**N=201**	**N=202**	**n=19**	**n=25**	**n=57**	**n=46**	**n=20**	**n=9^**	**n=7^**	**n=38**
More difficult	10	**18**	37	8	18	20	9	17	33	22
Stable	77	**71**	63	80	75	72	68	67	67	56
Easier	11	**7**	0	12	5	9	14	17	0	0
Fluctuates	2	**4**	0	0	2	0	9	0	0	22

Source: EDRS interviews
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Eleven percent of the national sample commented on the current availability of base and whether this had changed over the past six months. Reports in availability of obtaining base remained stable with a slightly higher proportion reporting base was easy to very easy (68%) to obtain and this was reported to have remained stable (73%; Table 63).

Table 63: Availability of methamphetamine base, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability (among those who commented)	2011 N=58	2012 N=65	n=8^	n=9^	n=6^	n=16	n=21	n=0	n=1^	n=4^
Very easy	28	**29**	13	56	17	6	38	-	0	75
Easy	33	**39**	38	11	50	38	52	-	100	0
Difficult	38	**28**	38	33	17	50	10	-	0	25
Very difficult	2	**5**	13	0	17	0	0	-	0	0
Availability changes (among those who commented)	2011 N=53	2012 N=63	NSW n=8^	ACT n=9^	VIC n=6^	TAS n=16	SA n=19	WA n=0	NT n=1^	QLD n=4^
More difficult	15	**14**	38	11	17	19	5	-	0	0
Stable	68	**73**	63	67	83	75	84	-	100	25
Easier	9	**8**	0	11	0	0	5	-	0	75
Fluctuates	8	**5**	0	11	0	6	5	-	0	0

Source: EDRS interviews
Note: the response option 'don't know' was excluded from analysis from 2009 onwards^ small numbers (n<10); interpret with caution

Twenty-two percent of the national sample commented on the availability of ice/crystal. The majority of participants considered it easy or very easy to obtain (90%) with a smaller proportion to 2011 reporting it to be difficult to obtain. The majority reported that availability had remained stable over the preceding six months (Table 64).

Table 64: Availability of crystalline methamphetamine (ice/crystal), 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability (among those who commented)	2011 N=108	2012 N=136	n=15	n=12	n=38	n=8^	n=26	n=19	n=1^	n=17
Very easy	40	**48**	47	50	68	3	39	42	0	29
Easy	46	**42**	53	42	26	13	46	58	100	53
Difficult	14	**10**	0	8	5	38	15	0	0	18
Very difficult	0	**1**	0	0	0	13	0	0	0	0
Availability changes (among those who commented)	2011 N=100	2012 N=130	NSW n=15	ACT n=12	VIC n=36	TAS n=8^	SA n=26	WA n=16	NT n=1^	QLD n=16
More difficult	6	**9**	7	0	6	13	23	0	0	6
Stable	71	**69**	80	92	58	75	58	75	0	75
Easier	16	**20**	7	0	36	13	15	25	100	13
Fluctuates	7	**3**	7	8	0	0	4	0	0	6

Source: EDRS interviews
Note: the response option 'don't know' was excluded from analysis from 2009 onwards^ small numbers (n<10); interpret with caution

As with ecstasy, speed use was reported most commonly to have been bought from friends and known dealers, and obtained from friends' homes and used in nightclubs (Table 65). Other includes: educational institution, outdoors and car/other vehicle (driver/passenger) and online.

Table 65: Last source, purchase location and use location of methamphetamine powder (speed), 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Obtained from	2011	2012								
(among those who commented)	N=219	N=217	n=19	n=26	n=61	n=50	n=26	n=12	n=4^	n=19
Friends	53	**55**	58	58	51	52	39	83	100	63
Known dealers	28	**21**	16	23	30	14	23	8	0	26
Acquaintances	7	**8**	5	0	7	12	15	8	0	5
Unknown dealers	1	**2**	5	4	3	12	0	0	0	0
Workmates	1	**4**	0	4	2	12	0	0	0	0
Street dealers	1	**<1**	0	4	0	0	0	0	0	0
Relatives	n.a	**1**	0	0	2	4	0	0	0	0
Online	n.a	**<1**	5	0	0	0	0	0	0	0
Other	<1	**<1**	0	0	2	0	0	0	0	0
Haven't obtained	8	**8**	11	8	5	6	23	0	0	5
Locations obtained	2011	2012	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	N=218	N=218	n=26	n=26	n=60	n=25	n=25	n=10	n=9	n=38
Friend's home	38	**33**	16	31	38	24	35	42	100	42
Dealer's home	17	**12**	5	12	18	12	8	8	0	16
Own home	15	**14**	21	19	8	16	8	17	0	21
Nightclub	6	**10**	16	15	7	14	8	0	0	5
Public place	7	**3**	11	0	3	0	4	17	0	0
Raves*	1	**1**	0	0	3	2	0	0	0	0
Acquaintance's home	<1	**3**	0	0	5	2	4	8	0	0
Private party	2	**4**	0	8	2	2	4	8	0	11
Pubs	2	**4**	11	0	5	4	4	0	0	0
Street	1	**1**	0	4	2	0	0	0	0	0
Live music events	1	**2**	5	4	0	4	0	0	0	0
Work	<1	**2**	0	0	2	6	0	0	0	0
Other	1	**4**	5	0	3	8	4	0	0	0
Used but not obtained	8	**8**	11	8	5	6	23	0	0	5
Last use venue	2011	2012	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	N=218	N=218	n=26	n=26	n=60	n=25	n=25	n=10	n=9	n=38
Nightclub	22	**29**	42	27	26	42	12	25	25	21
Dealers home	<1	**<1**	0	4	0	0	0	0	0	0
Home	12	**16**	11	12	20	6	8	42	25	32
Friend's home	18	**18**	21	15	18	12	39	8	0	21
Private party	6	**7**	0	12	7	6	4	8	0	16
Live music event	11	**5**	5	4	7	4	0	8	0	11
Raves*	4	**4**	0	12	5	4	0	0	25	0
Pubs	6	**7**	11	4	3	18	0	0	0	0
Work	<1	**1**	0	0	3	0	4	0	0	0
Public place	1	**<1**	0	0	0	0	0	8	0	0
Other	3	**4**	0	4	10	2	0	0	25	0
Used but not obtained	9	**8**	11	8	2	6	35	0	0	0

Source: EDRS interviews
* Includes 'doofs' and dance parties
Note: Numbers may not add to 100% due to small proportions reporting that they haven't obtained base recently but were able to comment on market characteristics or the option of a 'street dealer'

As with ecstasy and speed, base was also most commonly reported to have been bought from friends (and known dealers) and most commonly sourced from friends' home. Base is the least common form reportedly used by EDRS participants. Base continued to be reportedly last used in private locations (own home and friend's home) however there was a reported increase seen in those that reported using it in public locations (namely nightclubs); (Table 66). Jurisdictional differences should be interpreted with caution due to small numbers.

Table 66: Last source, purchase location and use location of methamphetamine base, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Obtained from (among those who commented)	2011 N=59	2012 N=67	n=8^	n=9^	n=6^	n=16	n=22	n=0	n=1^	n=5^
Friends	**56**	**49**	38	22	100	56	46	-	100	40
Known dealers	**31**	**16**	38	33	0	13	9	-	0	20
Acquaintances	**3**	**9**	0	11	0	0	14	-	0	40
Workmates	**n.a**	**5**	0	11	0	13	0	-	0	0
Other	**2**	**5**	13	11	0	6	0	-	0	0
Haven't obtained	**9**	**16**	13	11	0	13	32	-	0	0
Locations obtained (among those who commented)	2011 N=59	2012 N=67	NSW n=8^	ACT n=9^	VIC n=6^	TAS n=16	SA n=22	WA n=0	NT n=1^	QLD n=5^
Friend's home	**39**	**39**	25	33	100	31	36	-	100	20
Dealer's home	**15**	**12**	25	22	0	13	5	-	0	20
Own home	**14**	**10**	13	22	0	13	0	-	0	40
Public place	**14**	**3**	13	0	0	0	5	-	0	0
Nightclub	**2**	**3**	13	0	0	0	5	-	0	0
Acquaintance's home	**3**	**3**	0	0	0	0	5	-	0	20
Pubs	**n.a**	**3**	0	0	0	0	0	-	0	0
Private parties	**n.a**	**2**	0	0	0	6	0	-	0	0
Work	**n.a**	**6**	0	11	0	13	5	-	0	0
Street	**n.a**	**2**	0	0	0	0	5	-	0	0
Other	**n.a**	**2**	0	0	0	6	0	-	0	0
Used but not obtained	**9**	**16**	13	11	0	13	32	-	0	0
Last use venue (among those who commented)	2011 N=59	2012 N=59	NSW n=8^	ACT n=9^	VIC n=6^	TAS n=16	SA n=22	WA n=0	NT n=1^	QLD n=5^
Home	**22**	**9**	13	22	17	0	0	-	100	20
Friend's home	**22**	**27**	13	22	33	6	50	-	0	20
Live music event	**10**	**2**	0	0	17	0	0	-	0	0
Pub	**2**	**3**	0	0	0	13	0	-	0	0
Nightclub	**9**	**24**	50	11	17	44	9	-	0	20
Private party	**9**	**6**	13	0	0	19	0	-	0	0
Work	**2**	**6**	0	11	0	0	9	-	0	20
Public place	**3**	**2**	0	0	0	0	0	-	0	20
Other	**7**	**5**	0	11	17	6	0	-	0	0
Used but not obtained	**12**	**18**	13	22	0	13	32	-	0	0

Source: EDRS Interviews
* Includes 'doofs' and dance parties
^ Small numbers commenting (n<10); interpret with caution
Note: Numbers may not add to 100% due to small proportions reporting that they have not obtained base recently but were able to comment on market characteristics or the option of 'street dealer' or 'outdoors'

As with the other forms of methamphetamine, friends and known dealers were the most common sources of ice/crystal. It was most commonly obtained and used in private locations, including at friends' homes, dealers' home and at the participants' own home (Table 67).

Table 67: Last source, purchase location and use location of crystalline methamphetamine (ice/crystal), 2012

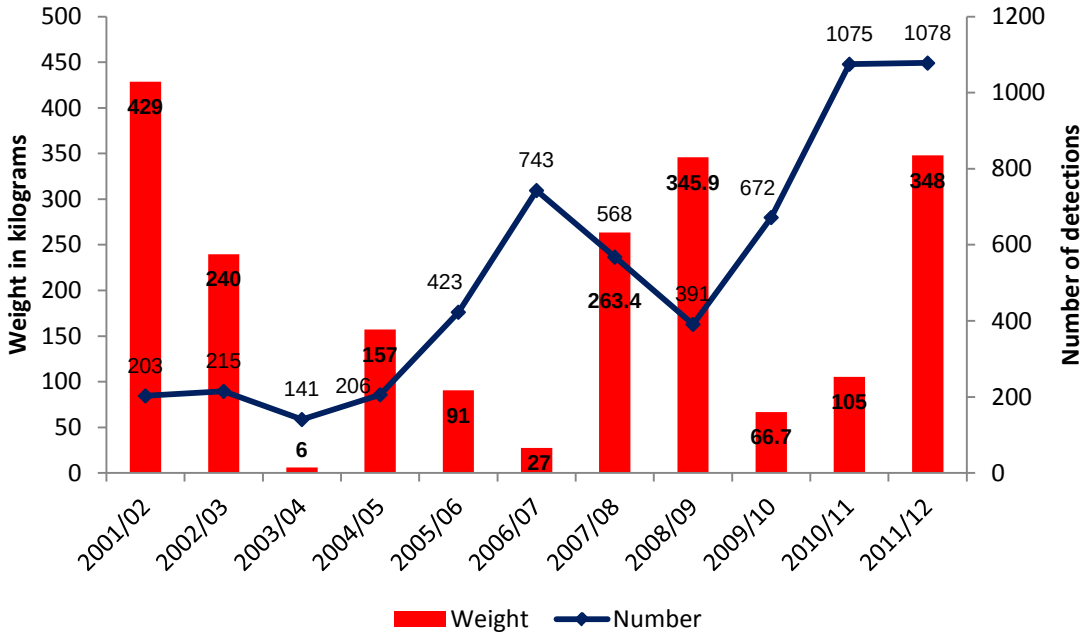
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Obtained from (%)	**2011**	**2012**								
(among those who commented)	**N=107**	**N=139**	**n=15**	**n=12**	**n=38**	**n=8^**	**n=28**	**n=20**	**n=1^**	**n=17**
Friends	57	**45**	47	17	45	25	36	55	0	82
Known dealers	29	**30**	40	50	34	13	29	30	100	6
Acquaintances	6	**7**	0	0	5	13	14	5	0	6
Unknown dealers	1	**4**	0	25	5	0	4	0	0	0
Street dealers	1	**1**	7	0	0	0	0	0	0	0
Other	0	**8**	7	0	3	25	0	5	0	6
Haven't obtained	5	**9**	0	8	9	25	18	5	0	0
Locations obtained	**2011**	**2012**	**NSW**	**ACT**	**VIC**	**TAS**	**SA**	**WA**	**NT**	**QLD**
(among those who commented)	**N=106**	**N=139**	**n=15**	**n=12**	**n=38**	**n=8^**	**n=28**	**n=20**	**n=1^**	**n=17**
Friend's home	43	**36**	33	25	47	13	25	45	100	35
Dealer's home	17	**21**	13	50	16	13	21	35	0	6
Own home	13	**15**	27	8	8	13	0	15	0	53
Agreed public location	9	**11**	20	0	13	0	21	0	0	6
Nightclub	3	**2**	0	0	3	13	4	0	0	0
Acquaintance's home	3	**2**	0	0	3	0	4	0	0	0
Other	9	**5**	7	8	3	25	7	0	0	0
Used but not obtained	4	**9**	0	8	8	25	18	5	0	0
Last use venue	**2011**	**2012**	**NSW**	**ACT**	**VIC**	**TAS**	**SA**	**WA**	**NT**	**QLD**
(among those who commented)	**N=107**	**N=138**	**n=15**	**n=12**	**n=38**	**n=8^**	**n=28**	**n=20**	**n=1^**	**n=16**
Home	27	**26**	40	42	24	25	7	25	100	38
Friend's home	35	**36**	13	17	50	13	36	45	0	44
Nightclub	8	**11**	20	8	5	13	18	15	0	0
Private party	1	**3**	0	8	0	13	7	0	0	0
Dealers home	4	**1**	0	8	0	0	0	0	0	6
Public place	0	**4**	0	0	5	13	0	5	0	6
Work	1	**1**	0	0	3	0	0	0	0	6
Live music event	2	**2**	0	0	5	0	4	0	0	0
Pub	8	**4**	13	0	3	0	7	0	0	0
Other	5	**4**	14	8	3	0	0	5	0	0
Used but not obtained	7	**8**	0	8	3	25	21	5	0	0

Source: EDRS interviews
^ Small numbers commenting (n<10); interpret with caution

5.2.4 Amphetamine-type stimulants detected at the Australian border

Figure 24 shows the weight and number of amphetamine-type stimulants (ATS) detected at the Australian border by the Australian Customs and Border Protection Service. In 2011/12, the number (1078) of detections decreased but remains substantially higher than the weight of seizures (348 kilograms), suggesting a scattergun pattern to importation.

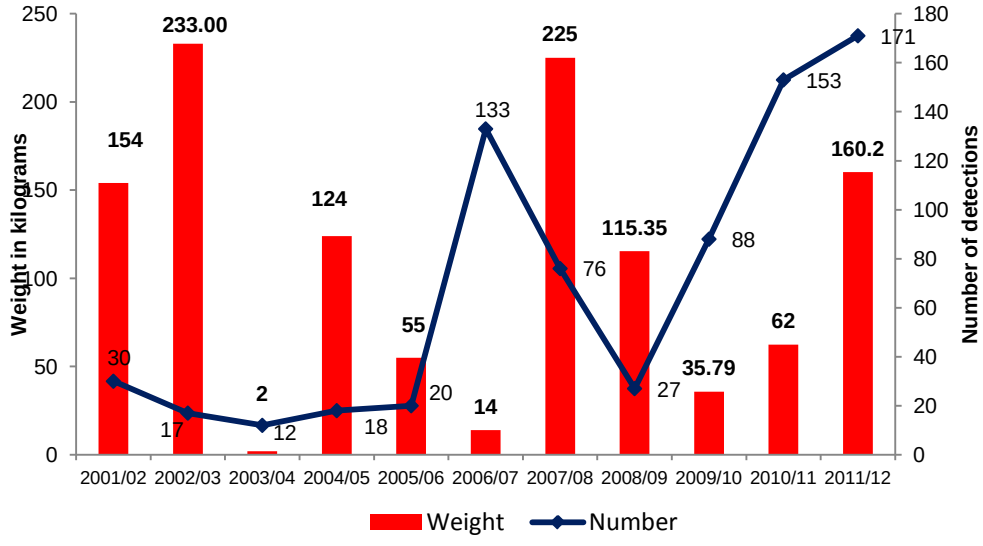
Figure 23: Total weight and number of ATS detected by the Australian Customs and Border Protection Service, financial years 2001/02-2010/11



Source: (Australian Customs Border and Protection Service, 2010)
Note: Includes amphetamine detections, methamphetamine and methamphetamine (ice) detections, excluding MDMA.

The number of crystal methamphetamine seizures detected at the Australian border increased minimally in 2011/12, while the weight of seizures increased substantially from 62 kilograms in 2010/11 to 160 kilograms in 2011/12 (Figure 25). The majority of seizures were detected coming through international mail, involving small quantities (Australian Customs Border and Protection Service, 2012).

Figure 24: Total number and weight of crystalline methamphetamine detected by the Australian Customs and Border Protection Service, 2001/02-2011/12



Source: (Australian Customs Border and Protection Service, 2012)

5.3 Cocaine

- The price of cocaine remained stable in NSW, ACT, VIC, TAS and QLD at $300 per gram.
- Cocaine purity was reported as mixed between medium (35%) and low (31%). Purity was reported as remaining stable over the preceding six months.
- Availability reports were mixed with 52% reporting that it was difficult to very difficult and 49% reporting it was easy-very easy to obtain and availability was reported as being stable.
- Cocaine was predominantly purchased from private sources, i.e. friends at friends' homes, and was most reportedly last used in public locations such as nightclubs and private locations such as friend's home and private parties.
- Number and weight of seizures continues to increase in 2011/12

5.3.1 Price

Cocaine was most commonly purchased in grams and ranged from a median of $300 in most eastern jurisdictions to $350 in SA (Table 68).

Table 68: Median price per gram of cocaine, 2012

($)	NSW n=33	ACT n=9^	VIC n=22	TAS n=6^	SA n=17	WA n=10	NT n=0	QLD n=12
Gram	300	300^	350	300^	350	325	-	300
(range)	(220-350)	(300-500)	(250-450)	(250-350)	(115-450)	(100-700)	-	(100-350)

Source: EDRS interviews
^ Small numbers commenting (n<10), interpret with caution

The majority of those commenting on cocaine considered that the price had remained stable over the preceding six months (Table 69).

Table 69: Price changes of cocaine, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Cocaine price changes	**2011**	**2012**								
(Of those who responded)	**N=153**	**N=136**	**n=36**	**n=14**	**n=25**	**n=10**	**n=28**	**n=8^**	**n=2^**	**n=13**
Increased	21	**13**	14	7	8	10	11	13	50	23
Stable	67	**69**	69	93	76	60	61	63	50	62
Decreased	5	**10**	8	0	8	20	18	25	0	0
Fluctuated	7	**8**	8	0	8	10	11	0	0	15

Source: EDRS interviews
^ Small numbers commenting (n<10); interpret with caution
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

The majority of jurisdictions reported stability of the median last price per gram at $300 with variations across jurisdictions up to $350 in SA (Table 70).

Table 70: Median price of cocaine, 2003-2012

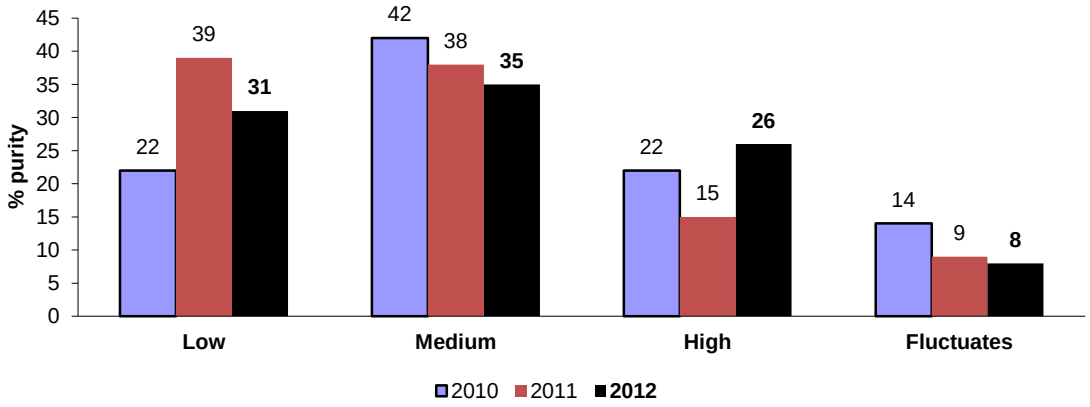
Median price per gram ($)	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	200	250	250	250	210	325	280	250
2004	200	250	277.50	325^	250	400	250	237.50
2005	270	250	300	350	300	350	375	300
2006	300	300	300	350	300^	350	275^	300
2007	300	300	300	350	337.5	400	350^	300
2008	300	300	300	350	375	325	450	300
2009	300	300	300	300	350	375	325	300
2010	300	300	300	350	350	365^	400^	300
2011	300	300	300	300	375	350^	350^	350
2012	**300**	**300^**	**350**	**300^**	**350**	**325**	**-**	**300**

Source: EDRS interviews
^ Small numbers commenting (n<10); interpret with caution Note: The price of cocaine was first collected in 2003

5.3.2 Purity

Participants were asked what the current purity or strength of cocaine was and if the purity had changed in the six months preceding interview. Of those who commented, responses were mixed of between medium (35%) and low (31%, Figure 26).

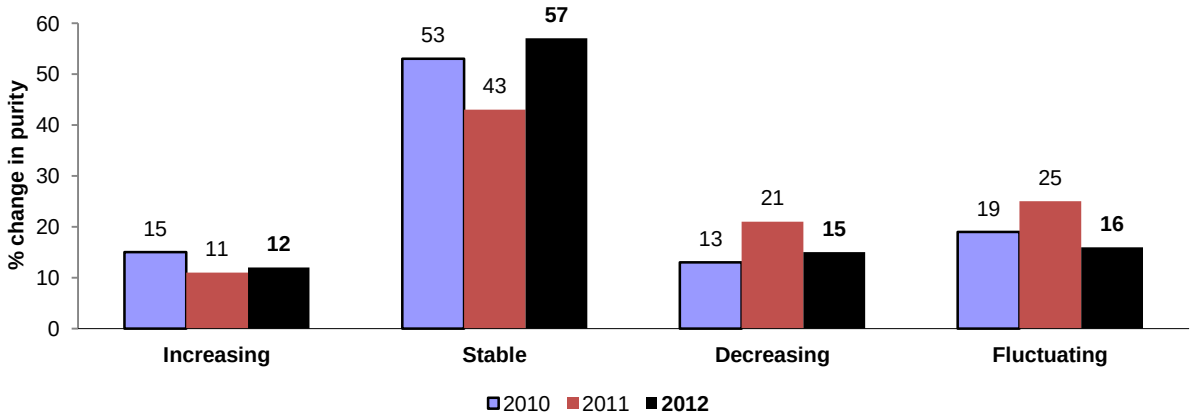
Figure 25: National REU reports of current cocaine purity, 2010-2012



Source: EDRS interviews
Note: Among those who commented
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Of those who commented on whether the purity of cocaine had changed in the six months preceding interview, the largest proportion of the sample reported that it had remained stable (Figure 27).

Figure 26: National REU reports of recent (last six months) change in cocaine purity, 2012

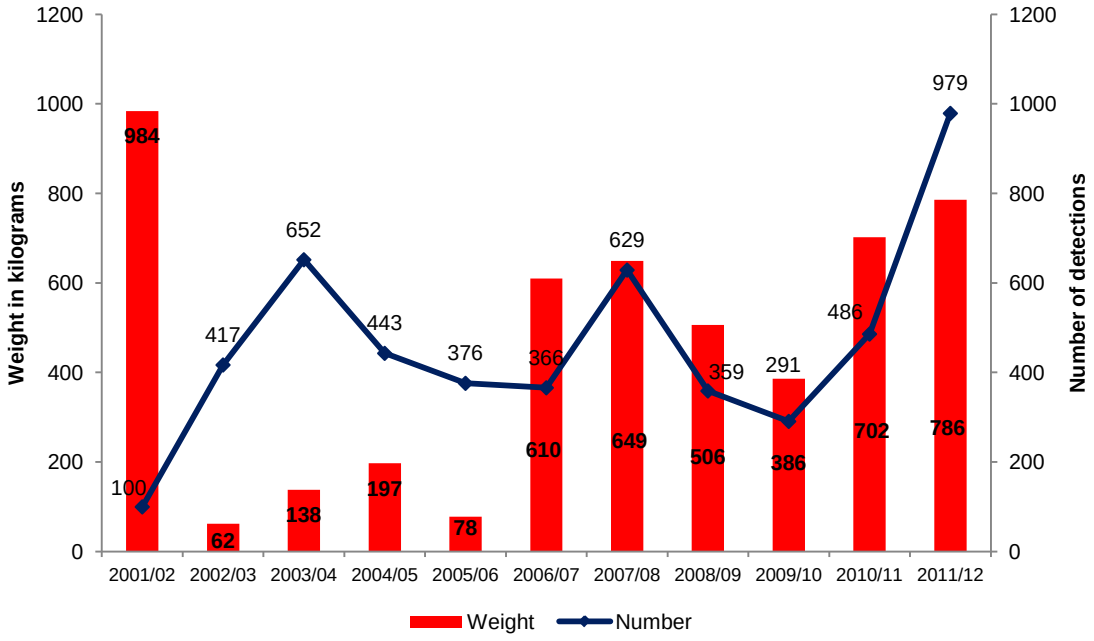


Source: EDRS interviews
Note: Among those who commented
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

5.3.3 Cocaine seized at the Australian border

During 2011/12, the Australian Customs and Border Protection Service made 979 detections of cocaine at the Australian border, an increase from 486 in 2010/11 (Figure 28). The detections weighed a total of 786 kilograms also a slight increase from 702 kilograms in 2010/11.

Figure 27: Number and weight of detections of cocaine detected at the border by the Australian Customs and Border Protection Service, financial years 2001/02-2011/12



Source: (Australian Customs and Border Protection Service, 2012)

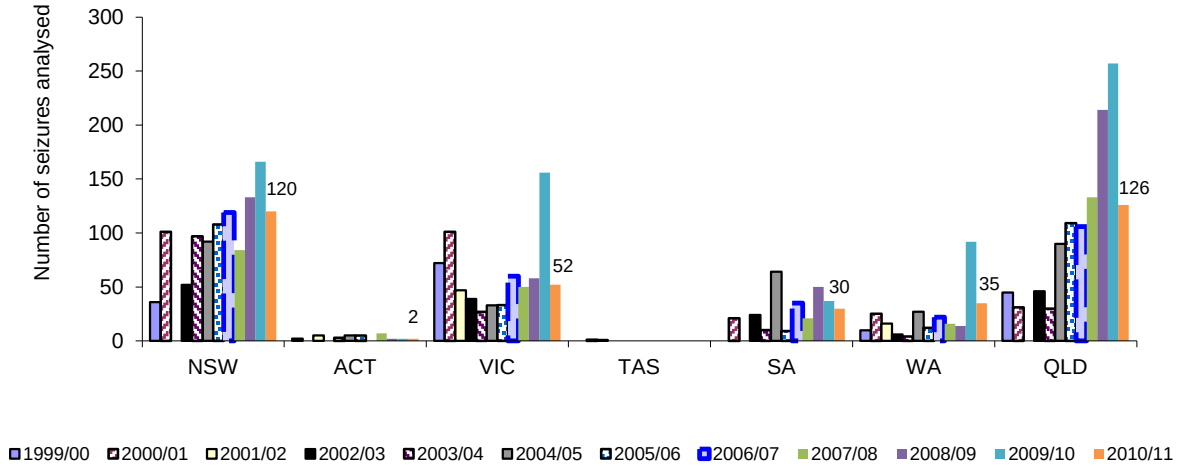
As user reports are subjective and depend on a number of factors, including the tolerance of the individual, objective data from forensic analysis of seizures are also presented. The purity data are provided by the ACC.

As previously mentioned, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. In some instances, the seized drug will be analysed only in a contested court matter. The purity figures, therefore, relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from purity data remains difficult (Australian Crime Commission, 2006).

Figures reported include seizures ≤2 grams and >2 grams, reflecting both street and larger seizures. The following caveat applies to Figure 29 and Figure 30: these do not represent the purity levels of all cocaine seizures – only those that have been analysed at a forensic laboratory. Figures for WA (and TAS), and those supplied by the Australian Forensic Drug Laboratory, represent the purity levels of cocaine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of cocaine seized by police in the relevant quarter. The period between the date of seizure by state police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police.

There were no AFP cocaine seizures analysed in TAS and the NT in 2010/11. A general trend detected was that all states seemed to report a decrease in the number of seizures based on figures from 2009/10.

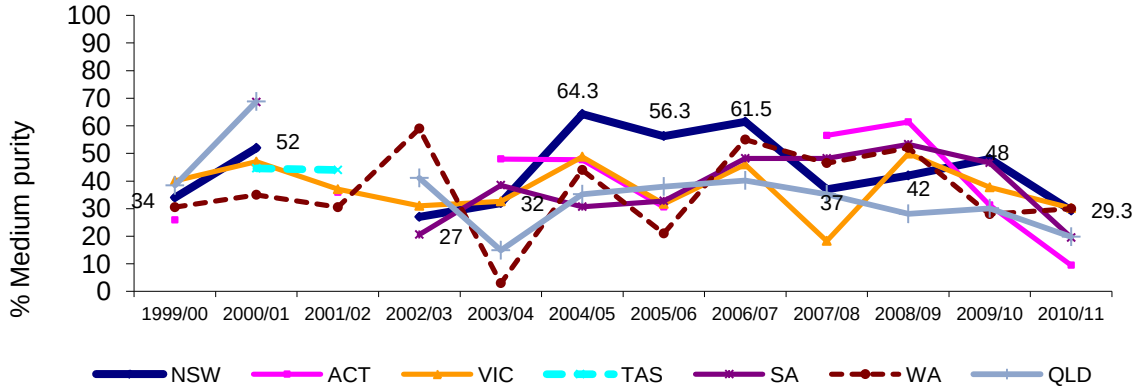
Figure 28: Number of state/territory police cocaine seizures, by jurisdiction, 1999/00-2010/11



Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012)
Note: Data for 2011/12 were unavailable at time of publication.

Median purity of state police seizures was highest in VIC at 30 %. The NSW trend figures are highlighted (Figure 30). Over time it is apparent cocaine purity has fluctuated, however in recent years it appears to have stabilised to between 30%-50%.

Figure 29: Median purity of state/territory police cocaine seizures, by jurisdiction, 1999-2011



Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012).
Note: Data for 2011/12 were unavailable at time of publication.

5.3.4 Availability

Reports of availability were mixed, with almost equal portioning of those commenting considering it to be difficult to very difficult to obtain (52%) versus easy to very easy (49%) to obtain. Most participants considered the ease of access to cocaine to have remained stable (73%) in the last six months prior to interview (Table 71).

Table 71: Availability of cocaine, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability	2011	2012								
(among those who commented)	N=186	N=165	n=44	n=15	n=29	n=0	n=36	n=11	n=2^	n=14
Very easy	17	**16**	25	27	14	0	3	18	0	29
Easy	32	**33**	41	40	41	0	25	27	50	36
Difficult	44	**44**	34	27	45	57	64	46	0	29
Very difficult	7	**8**	0	7	0	43	8	9	50	7
Availability changes	2011	2012	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	N=169	N=153	n=42	n=15	n=27	n=14	n=30	n=9^	n=1^	n=15
More difficult	15	**9**	10	0	0	21	10	0	0	27
Stable	66	**73**	69	93	89	57	73	67	100	53
Easier	14	**13**	21	7	11	0	10	33	0	7
Fluctuates	5	**5**	0	0	0	21	7	0	0	13

Source: EDRS interviews
^ Small numbers commenting (n<10); interpret with caution
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Cocaine was most commonly acquired through friends. Very small numbers n<5 reported sourcing cocaine through street dealers or online. It was most commonly obtained in private locations, (friends' homes, and/or participants' own homes) and used equally in public locations (nightclubs, pubs and raves) versus private locations (Table 72).

Table 72: Last source, purchase location and use location of cocaine, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Obtained from (among those who commented)	2011 N=195	2012 N=175	n=44	n=15	n=31	n=16	n=39	n=12	n=3^	n=15
Friends	50	**52**	51	53	55	31	49	67	0	73
Known dealers	23	**15**	27	13	16	6	10	0	0	13
Acquaintances	7	**7**	9	0	10	6	8	0	33	7
Unknown dealers	5	**4**	4	7	7	0	5	0	0	0
Workmates	2	**2**	0	0	3	13	0	8	0	0
Other	2	**1**	0	0	3	0	0	0	33	0
Online	n.a	**1**	0	0	0	0	0	16	0	0
Street dealers	<1	**1**	2	0	0	0	0	0	0	7
Used but not obtained	11	**17**	7	27	7	44	28	8	33	0
Locations obtained (among those who commented)	2011 N=195	2012 N=175	NSW n=44	ACT n=15	VIC n=31	TAS n=16	SA n=39	WA n=12	NT n=3^	QLD n=15
Friend's home	31	**31**	23	27	29	13	33	58	0	60
Dealer's home	10	**5**	2	13	10	0	8	0	0	0
Own home	9	**11**	14	27	7	0	5	17	33	20
Agreed public location	9	**7**	9	0	13	0	8	8	0	7
Acquaintance's home	2	**<1**	0	0	0	6	0	0	0	0
Private party	4	**6**	14	0	7	0	5	0	0	0
Nightclub	11	**6**	9	0	10	6	5	0	0	0
Pubs	6	**7**	11	7	3	19	0	0	33	13
Raves*	<1	**<1**	0	0	3	0	0	0	0	0
Street	1	**<1**	2	0	0	0	0	0	0	0
Live music event	2	**1**	2	0	0	0	3	0	0	0
Work	2	**2**	0	0	7	13	0	0	0	0
Online	n.a	**<1**	0	0	0	0	0	8	0	0
Other (including Educational inst.)	3	**3**	5	0	7	6	5	0	0	0
Used but not obtained	11	**17**	9	27	7	44	28	8	33	0
Last use venue (among those who commented)	2011 N=183	2012 N=175	NSW n=44	ACT n=15	VIC n=31	TAS n=16	SA n=39	WA n=12	NT n=3^	QLD n=15
Nightclub	29	**26**	39	20	39	19	13	17	33	13
Friends home	18	**20**	18	13	23	6	18	42	0	33
Private party	11	**8**	14	13	7	0	10	0	0	0
Home	11	**10**	7	20	10	6	3	17	33	27
Raves*	2	**1**	0	0	7	0	0	0	0	0
Pub	9	**7**	5	7	7	25	3	0	0	13
Live music event	4	**2**	2	0	0	0	0	0	0	7
Public place (street/park)	1	**<1**	0	0	3	0	0	0	0	0
Other	7	**8**	7	7	6	0	15	16	0	0
Used, but not obtained	9	**17**	9	20	3	38	33	8	33	7

Source: EDRS interviews
* Includes 'doofs' and dance parties ^Small numbers commenting (n<10); interpret with caution
Note: n.a. means data not available

5.4 Ketamine

- Very small numbers of the national sample commented on the ketamine market characteristics, please interpret results with caution (n=28).
  - Price of a gram of ketamine ranged from a median of $57.50 in SA to $200 in VIC and TAS. The price was reported as stable by 57% of the participants that commented.
  - The current purity of ketamine has continued to be reported as high (60%), and this was reported to have remained stable by the majority that commented.
  - Ketamine availability returned to having mixed reports as found in 2011 with 56% reporting difficulty in obtaining ketamine and 45% reporting difficulty. Participant availability was reported as having remained stable in the preceding six months.
  - Ketamine continued to be predominantly obtained from friends, purchase typically occurred in private locations, such as friends' homes. Locations of last use were divided between public locations (nightclubs) and private locations (friends' homes).

5.4.1 Price

Only a small proportion of the national EDRS sample (3%) were able to comment on the price of a gram of ketamine in all jurisdictions and, therefore, the results should be interpreted with caution. The median last price paid for a gram of ketamine ranged from $57.50 in SA to $200 in VIC and TAS (Table 73).

Table 73: Median price of ketamine, 2012

Median price ($)	NSW n=8^	ACT n=0	VIC n=9^	TAS n=2^	SA n=2^	WA n=0	NT n=0	QLD n=0
Gram	$150^	-	$200^	$200^	$57.50^	-	-	-
(range)	(20-180)	-	(180-250)	*(no range)*	(15-100)	-	-	-

Source: EDRS interviews
^ Small numbers commenting (n<10), interpret with caution

Five percent (n=28) of the national sample, fewer in number than last year, commented on whether the price of ketamine had changed in the preceding six months. The majority of these commenting participants reported that the price had remained stable (Table 74).

Table 74: Price changes of ketamine, 2012

(%) Ketamine price changes	National 2011	National 2012	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	n=38	n=28	n=12	n=2^	n=10	n=1^	n=3^	n=0	n=0	n=0
Increased	26	**25**	25	0	20	100	33	-	-	-
Stable	61	**57**	67	50	50	0	67	-	-	-
Decreased	5	**7**	8	0	10	0	0	-	-	-
Fluctuated	8	**11**	0	50	20	0	0	-	-	-

Source: EDRS interviews
^ Small numbers commenting (n<10); interpret with caution.
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Table 75 presents data across time regarding the price of a gram of ketamine. In most jurisdictions across years, the proportion of REU able to comment on the price of ketamine has been low, so caution should be made when interpreting results. The majority of use has been reported to occur in NSW where the price has remained stable at $150 per gram.

Table 75: Median price of ketamine, 2000-2012

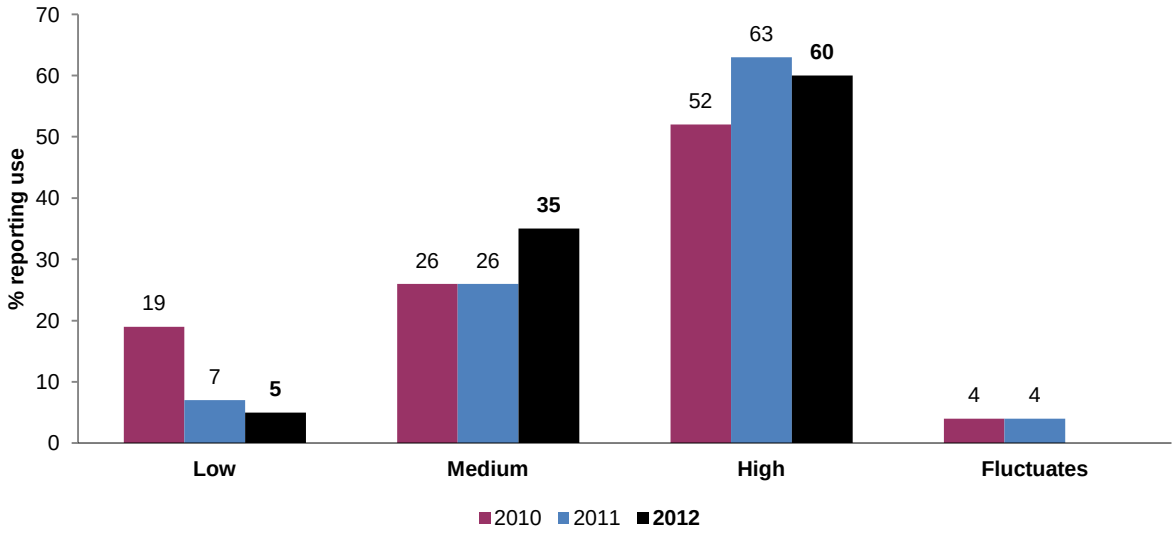
Median price per gram ($)	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	200	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	50
2001	150	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	142.50
2002	160	n.a.	n.a.	n.a.	40	n.a.	n.a.	n.a.
2003	150	n.a.	200	100^	200	n.a.	n.a.	180
2004	200	200^	195	50^	200	n.a.	200^	n.a.
2005	100	65^	180	190^	200	150	80^	150^
2006	175^	40^	100^	180^	300^	160^	50^	180^
2007	150	172.5^	200^	300^	200	n.a.	n.a.	n.a.
2008	150	n.a	200	300^	225^	n.a	n.a	n.a
2009	150^	n.a	200^	300^	200^	n.a	400^	200^
2010	150^	170^	220^	n.a	125^	250^	350^	150^
2011	150	170^	$200	n.a	$250^	$250^	n.a	$150^
2012	**150^**	**n.a**	**$200^**	**$200^**	**$57.50^**	**n.a**	**n.a**	**n.a**

Source: EDRS interviews
^A small number of participants commented; interpret with caution.
Note: Data first collected in NSW, SA and QLD in 2000; data not collected in QLD in 2002, data first collected in ACT, VIC, TAS, WA and NT in 2003. In 2009, only the last price paid for ketamine was collected.

5.4.2 Purity

Participants were asked what the current purity or strength of ketamine was, and if the purity had changed in the six months preceding interview. Six percent (n=37) of the national sample commented on the purity of ketamine. Over half of those that commented reported ketamine purity to be high (60%; Figure 31). Perceived purity of ketamine appears to have remained as 'high' over the last three years.

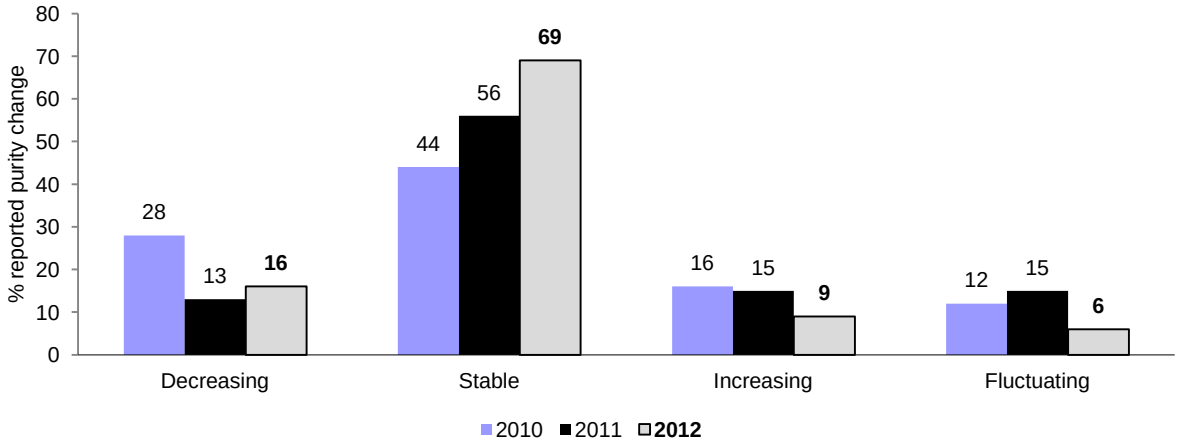
Figure 30: National REU reports of current ketamine purity, 2010-2012



Source: EDRS interviews
Note: Among those who commented (n=27 in 2010, n=48 in 2011, n=37 in 2012).
The response option 'don't know' was excluded from analysis from 2009 onwards

Of those who commented on whether the purity of ketamine had changed in the six months preceding interview, 69% reported that the purity of ketamine had remained stable (Figure 32).

Figure 31: National REU reports of recent (last six months) change in ketamine purity, 2010-2012



Source: EDRS interviews
Note: Among those who commented (n=25 in 2010, n=39 in 2011, n=32 in 2012).
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

5.4.3 Availability

Six percent of the national sample commented on the recent availability of ketamine. Overall, ketamine availability reports were mixed with 56% of EDRS participants that commented reporting that it was difficult to very difficult to obtain and 45% reported that it easy to very easy to obtain (Table 77).

Reports of recent availability change saw over half (60%) of those who commented reporting that the availability of ketamine had remained stable over the preceding six months (Table 76).

Table 76: Availability of ketamine, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability	2011	2012								
(among those who commented)	N=47	N=38	n=16	n=2^	n=12	n=2^	n=4^	n=0	n=2^	n=0
Very easy	26	**5**	6	0	0	0	25	-	0	-
Easy	26	**40**	44	0	50	0	25	-	50	-
Difficult	38	**45**	31	100	50	100	50	-	0	-
Very difficult	11	**11**	19	0	0	0	0	-	50	-
Availability changes	National 2011	National 2012	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	n=44	n=35	n=15	n=2^	n=12	n=1^	n=4^	n=0	n=1^	n=0
Easier	16	**23**	13	0	17	0	0	-	0	0
Stable	61	**60**	67	50	50	100	50	-	100	0
More difficult	23	**23**	20	0	25	0	50	-	0	0
Fluctuates	0	**6**	0	50	8	0	0	-	0	0

Source: EDRS interviews
^ Small numbers commenting (n<10); interpret with caution

The response option 'don't know' was excluded from analysis from 2009 onwards

Ketamine was predominantly obtained from friends (54%). It was predominantly obtained from private locations, such as friends' homes (21%) and participants' own home (delivered; 13%). Last use venue, where participants reported spending the most time intoxicated, included private venues such as own home (18%) followed closely by public venues such as nightclubs (15%, Table 77).

Table 77: Last source, purchase location and use location of ketamine, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Obtained from (among those who commented)	2011 n=49	2011 n=39	n=16	n=2^	n=13	n=3^	n=4^	n=0	n=1^	n=0
Friends	47	**54**	81	0	46	33	25	-	100	-
Known dealers	31	**10**	6	50	8	0	0	-	0	-
Acquaintances	6	**10**	0	0	15	33	25	-	0	-
Unknown dealers	10	**3**	0	0	8	0	0	-	0	-
Other	2	**5**	0	0	16	0	0	-	0	-
Used, but not obtained	4	**18**	13	50	8	33	50	-	0	-
Locations obtained (among those who commented)	2011 n=49	2012 n=39	NSW n=16	ACT n=2^	VIC n=13	TAS n=3^	SA n=4^	WA n=0	NT n=1^	QLD n=0
Friend's home	27	**21**	25	0	15	33	0	-	100	-
Dealer's home	14	**3**	0	50	0	0	0	-	0	-
Own home	4	**13**	13	0	23	0	0	-	0	-
Agreed public location	10	**3**	6	0	0	0	0	-	0	-
Private party	2	**15**	31	0	0	0	25	-	0	-
Nightclub	20	**13**	0	0	39	0	0	-	0	-
Pubs	4	**5**	13	0	0	0	0	-	0	-
Live music event	6	**3**	0	0	8	0	0	-	0	-
Raves/doofs/ dance parties	6	**3**	0	0	8	0	0	-	0	-
Other	0	**5**	0	0	0	33	25	-	0	-
Used, but not obtained	4	**18**	13	50	8	33	50	-	0	-
Last use venue (among those who commented)	2011 n=49	2012 n=39	NSW n=16	ACT n=2^	VIC n=13	TAS n=3^	SA n=4^	WA n=0	NT n=1^	QLD n=0
Nightclub	22	**15**	6	0	31	0	25	-	0	-
Friends home	18	**15**	13	50	8	33	0	-	100	-
Private party	6	**18**	38	0	0	0	25	-	0	-
Home	22	**18**	25	0	23	0	0	-	0	-
Live music event	10	**8**	6	0	15	0	0	-	0	-
Raves/doofs/ dance parties	8	**8**	0	0	23	0	0	-	0	-
Outdoors	2	**3**	0	0	0	33	0	-	0	-
Used, but not obtained	6	**15**	13	50	0	33	50	-	0	-

Source: EDRS REU interviews

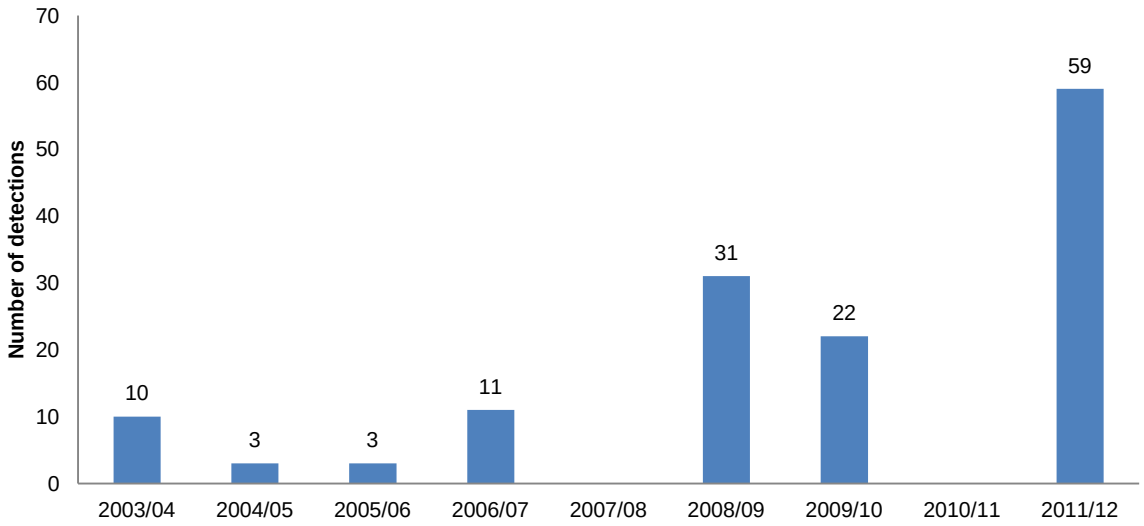
^ Small numbers commenting (n<10); interpret with caution

For columns that do not add up to 100%, responses such as 'other' were not reported

5.4.4 Ketamine detected at the Australian border

As mentioned previously, diversion from legitimate sources is an issue for ketamine. Border controls for ketamine were introduced in March 2002; prior to this, suspected ketamine importations were referred to police for investigation under state and territory laws. Given that ketamine is available in various forms such as powder, liquid or pharmaceutical preparations, it is difficult to provide accurate data on the weights of seizures detected. There were 59 seizures detected in 2011/12, representing a clear increase in figures from the 22 detections reported in 2009/10 (Figure 33).

Figure 32: Number of detections of ketamine detected at the border by the Australian Customs and Border Protection Service, 2003/04-2011/12



Source: (Australian Customs Border and Protection Service, 2012)

5.5 GHB

- Fourteen participants were able to comment on the price of a millilitre of GHB of between $3 (VIC) to $9 (NSW). The majority reported that the price had remained stable, comparable to 2011 results.
- Purity was still predominantly reported as high (50% in 2012 from 77% in 2011). Comments about purity change were that it was stable.
- Of those who commented on GHB availability, reports were that it was easy to obtain. Availability change was reported as stable.
- GHB was obtained from friends and known dealers and from private locations. Location where GHB was mostly last used was also in private locations.

5.5.1 Price

The median price per millilitre in each jurisdiction is presented in Table 78. Fourteen participants from the national sample were able to comment on the current price per millilitre of GHB and, as such, the results should be interpreted with caution.

Table 78: Median price per ml of GHB, 2012

Price ($)	NSW n=4^	ACT n=0	VIC n=3^	TAS n=0	SA n=4^	WA n=0	NT n=0	QLD n=3^
Per ml (range)	$9 (6-25)	n.a.	$3 (3-3.5)	n.a	$7.50 ($7-$8)	n.a.	n.a.	$6 ($4.50-$15)

Source: EDRS interviews
^ Small numbers commenting (n<10), interpret with caution
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Twenty participants were able to comment on whether the price of GHB had changed. Most participants reported that the price had remained stable (75%) with an increase in those reporting that it had fluctuated or decreased (Table 79).

Table 79: Price changes of GHB, 2012

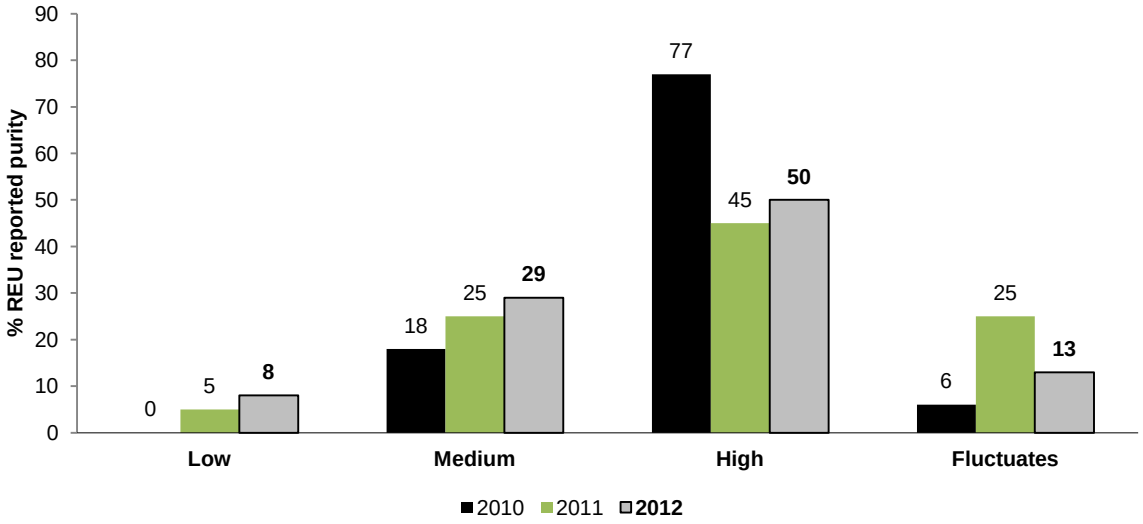
(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
GHB price changes (among those who commented)	2011 n=18	2012 n=20	n=4^	n=1^	n=8^	n=1^	n=3^	n=1^	n=0	n=2^
Increased	17	**5**	0	0	13	0	0	0	-	0
Stable	83	**75**	50	100	88	100	67	100	-	50
Decreased	0	**5**	25	0	0	0	0	0	-	0
Fluctuates	0	**15**	25	0	0	0	33	0	-	50

Source: EDRS interviews
^ Small numbers commenting (n<10); interpret with caution
Note: There were no reports that the price of GHB had fluctuated in the last six months.
The response option 'don't know' was excluded from analysis from 2009 onwards

5.5.2 Purity

Participants were asked what the current purity or strength of GHB was, and if the purity had changed in the six months preceding interview. Twenty participants commented on the purity of GHB. Purity was considered to be high (50%) by half of those participants who commented (Figure 34).

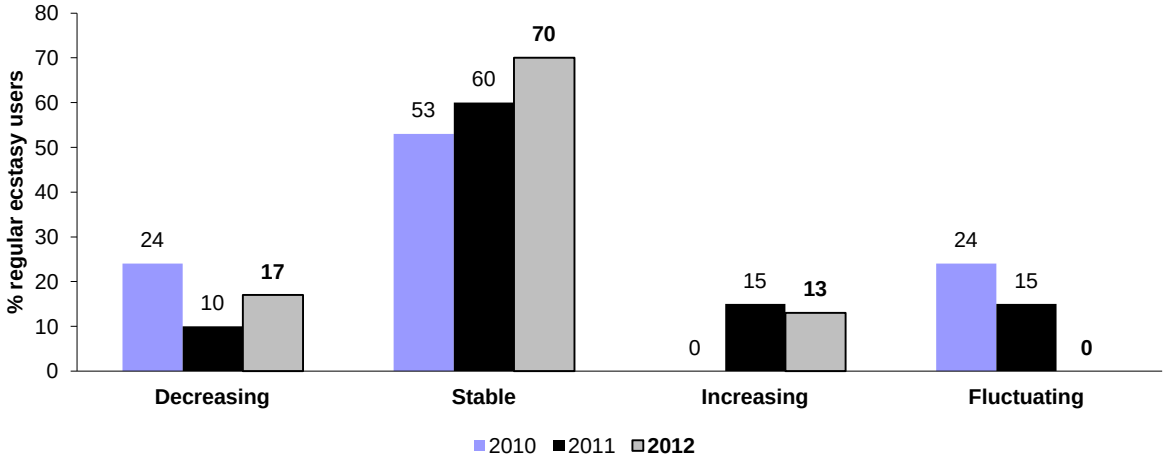
Figure 33: National REU reports of current GHB purity, 2010-2012



Source: EDRS interviews
Note: Among those who commented (n=17 in 2010, n=20 in 2011, n=24 in 2012). The response option 'don't know' was excluded from analysis from 2009 onwards

Of those who commented (n=23) on whether the purity of GHB had changed in the six months preceding interview, the majority of participants reported that the purity was stable (70%; Figure 35).

Figure 34: National REU reports of recent (last six months) change in GHB purity, 2010-2012



Source: EDRS interviews
Note: Among those who commented (n=15 in 2009, n=17 in 2010, n=20 in 2011). The response option 'don't know' was excluded from analysis from 2009 onwards

5.5.3 Availability

Twenty-seven participants of the national sample commented on the recent availability of GHB. Again, small numbers were reported in all states/territories, and these data should, therefore, be interpreted with caution.

Nationally, reports on availability of GHB were generally considered easy to very easy (59%) versus 41% reporting that it was difficult (Table 80). NSW and VIC continue to be the jurisdictions where the most use and therefore market characteristics can be obtained from.

The majority (72%) reported that availability of GHB had remained stable in the six months proceeding interview (Table 80).

Table 80: Availability of GHB, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability (among those who commented)	2011 n=23	2012 n=27	n=8^	n=1^	n=8^	n=1^	n=2^	n=1^	n=0	n=4^
Very easy	17	**26**	25	0	50	0	0	0	-	25
Easy	30	**33**	38	0	38	0	50	100	-	0
Difficult	39	**37**	25	100	13	100	50	0	-	75
Very difficult	13	**4**	13	0	0	0	0	0	-	0
Availability changes (among those who commented)	2011 n=21	2012 n=25	NSW n=8^	ACT n=1^	VIC n=8^	TAS n=1^	SA n=2^	WA n=1^	NT n=0	QLD n=3^
More difficult	29	**12**	25	0	0	0	33	0	-	0
Stable	62	**72**	50	100	88	100	67	100	-	67
Easier	10	**12**	25	0	13	0	0	0	-	0
Fluctuates	0	**4**	0	0	0	0	0	0	-	33

Source: EDRS interviews
^ Small numbers commenting (n<10); interpret with caution
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

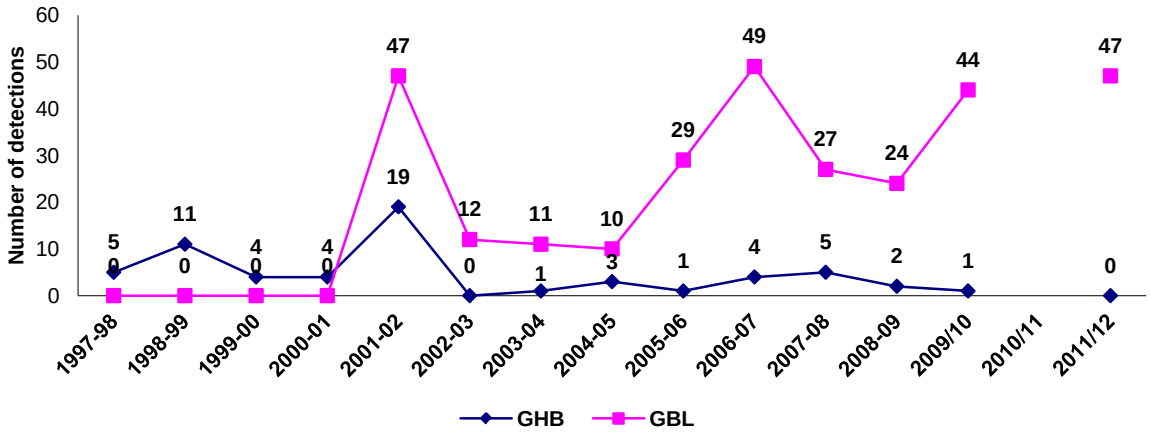
In all jurisdictions fewer than 10 participants were able to comment on the source, purchase location of GHB and last use venue. GHB was obtained from friends (58%, n=15) and known dealers (19%, n=5) and unknown dealers (4%, n=1). The purchase location was predominantly private locations (65%, n=19). Most participants reported the last venue of intoxication was interestingly a private location (e.g. own home, friend's home or a private party; 59%, n=16) versus, as has been found in previous years public locations such as nightclubs and live music events (8%, n=2).

5.5.4 GHB and GBL detected at the Australian border

Although the number of detections for GHB and GBL are relatively low compared to other drugs, Figure 36 indicates an increase in recent years in the number of detections of GBL at the Australian border, and these continue to outnumber seizures for GHB. There were 47 detections of GBL in 2011/12, representing stability from 44 in 2009/10. The higher number of GBL detections may be an indication that it is being imported for production of GHB in Australia, and/or that it is being imported for use as a substitute for GHB itself. No seizures for GHB were reported in 2011/12.

It must be remembered that it is possible to obtain the precursors from legitimate sources in Australia. It is likely that some manufacturers of GHB source the precursors for the drug in this country. The relatively small number of GHB/GBL detections at the border, comparative to other drug types, may also be a reflection of this fact.

Figure 35: Number of GHB and GBL detections at the border by Australian Customs and Border Protection Service, financial years 1997/98-2011/12



Source: (Australian Customs Border and Protection Service, 2012)

5.6 LSD

- The median price per tab of LSD ranged from $15 in VIC to $22.50 in the ACT, slightly higher than prices reported in 2011. Seventy-two percent of those commenting reported that the price had remained stable in the six months prior to interview.
- Current purity of LSD was high. Most of those who commented reported that purity had remained stable, in the six months preceding interview.
- Overall LSD was reported to have remained easy to obtain and this has remained stable (70%) in the last six months.
- LSD was mostly reported to have been obtained from friends and used in private locations such as the participants' own homes or friends homes.

5.6.1 Price

Twenty-six percent (n=160) of the national sample, much fewer than in 2011, commented on the price of a tab of LSD. The median price of a tab of LSD ranged from $15 in SA to $20 in the NT (Table 81). Prices across time have remained relatively stable across jurisdictions with minor fluctuations of up to $10 or less.

Table 81: Median price per tab of LSD, 2012

Median price ($)	NSW n=37	ACT n=18	VIC n=31	TAS n=28	SA n=11	WA n=19	NT n=4^	QLD n=12
Per tab (range)	$20 (12-40)	$22.50 (10-50)	$15 (10-50)	$20 (5-25)	$15 (10-30)	$20 (10-50)	$20 (8-35)	$20 (15-30)

Source: EDRS interviews
^ Small numbers commenting (n<10); interpret with caution

Twenty-nine percent (n=174) of the national sample commented on whether the price of LSD had changed in the preceding six months. The price of LSD was generally considered to be stable (72%) in the preceding six months (Table 82). In 2012, approximately 42 more participants were able to comment on LSD market characteristics than 2011.

Table 82: Price changes of LSD, 2012

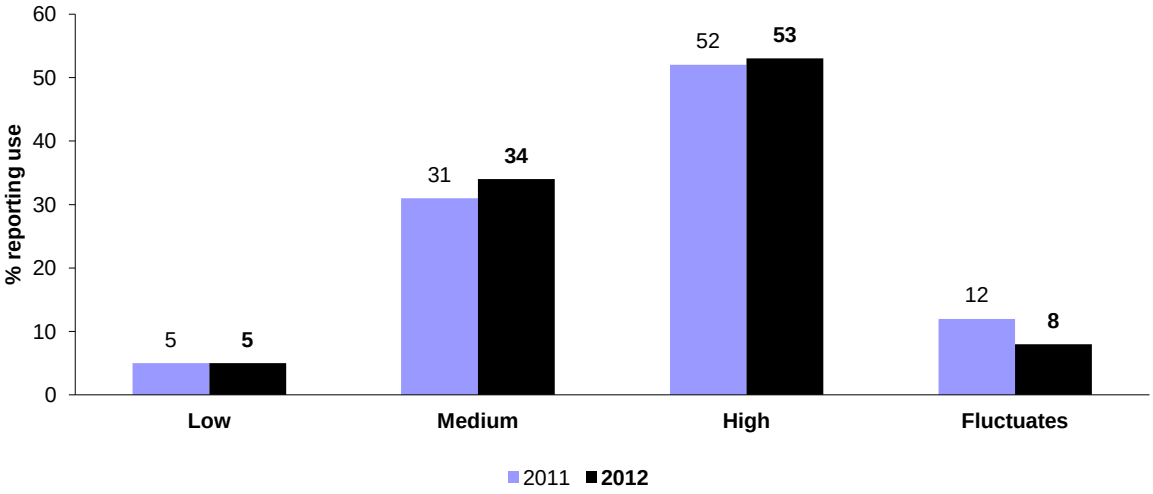
(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
LSD price changes	**2011**	**2012**								
(among those who commented)	**n=216**	**n=174**	**n=37**	**n=23**	**n=29**	**n=34**	**n=16**	**n=19**	**n=4^**	**n=12**
Increased	17	**8**	5	4	10	6	19	0	25	8
Stable	72	**79**	87	83	79	82	56	68	75	83
Decreased	3	**8**	5	4	3	6	13	26	0	0
Fluctuated	9	**6**	3	9	7	6	13	5	0	8

Source: EDRS interviews
^ Small numbers commenting (n<10); interpret with caution
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

5.6.2 Purity

Participants were asked what was the current purity or strength of LSD, and if the purity had changed in the six months preceding interview. Results remained similar to 2011, with half of the participants that commented reporting that the purity of LSD was high (53%; Figure 37).

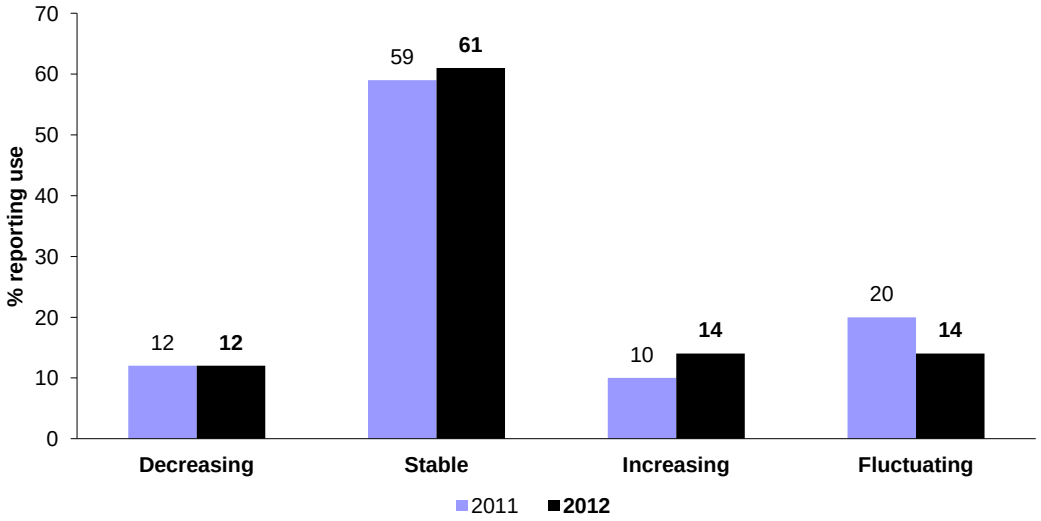
Figure 36: National REU reports of current LSD purity, 2011-2012



Source: EDRS interviews
Note: Among those who commented (n=229 in 2011, n=185 in 2012).
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Of those who commented on whether the purity of LSD had changed in the six months preceding interview, 61% reported that it had remained stable (Figure 38).

Figure 37: National REU reports of recent (last six months) change in LSD purity, 2011-2012



Source: **EDRS interviews**
Note: Among those who commented (n=203 in 2011, n=185 in 2012).
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

5.6.3 Availability

Thirty-three percent (n=200) of the national sample commented on the recent availability of LSD; the majority reported LSD to be easy to very easy (63%) to obtain. Of those who commented, the availability of LSD was reported to have remained stable (70%) in the six months preceding interview (Table 83).

Table 83: Availability of LSD, 2011-2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability (among those who commented)	2011 n=236	2012 n=200	n=45	n=25	n=34	n=36	n=23	n=20	n=4^	n=13
Very easy	30	**23**	22	24	18	31	17	40	0	0
Easy	43	**40**	38	32	56	42	30	30	50	46
Difficult	25	**35**	38	40	24	28	48	30	50	39
Very difficult	3	**3**	2	4	3	0	4	0	0	15
Availability changes (among those who commented)	2011 n=222	2012 n=222	NSW n=37	ACT n=29	VIC n=48	TAS n=28	SA n=26	WA n=11	NT n=2^	QLD n=41
Easier	15	**10**	15	4	3	6	14	22	25	0
Stable	65	**70**	61	78	91	74	50	67	75	58
More difficult	12	**17**	20	4	3	21	36	11	0	17
Fluctuates	8	**4**	5	4	3	0	0	0	0	25

Source: EDRS interviews
^ Small numbers commenting (n<10); interpret with caution
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

5.6.4 Source and locations of use

LSD had been obtained half of the time from friends (50%), followed by known dealers (19%). LSD source venue was mixed regarding private locations such as friends' homes (51%) and public locations such as live music events (30%). LSD was most frequently used in private locations such as friends' homes (18%) and own homes (12%, Table 84).

Table 84: Last source, purchase location and use location of LSD, 2012

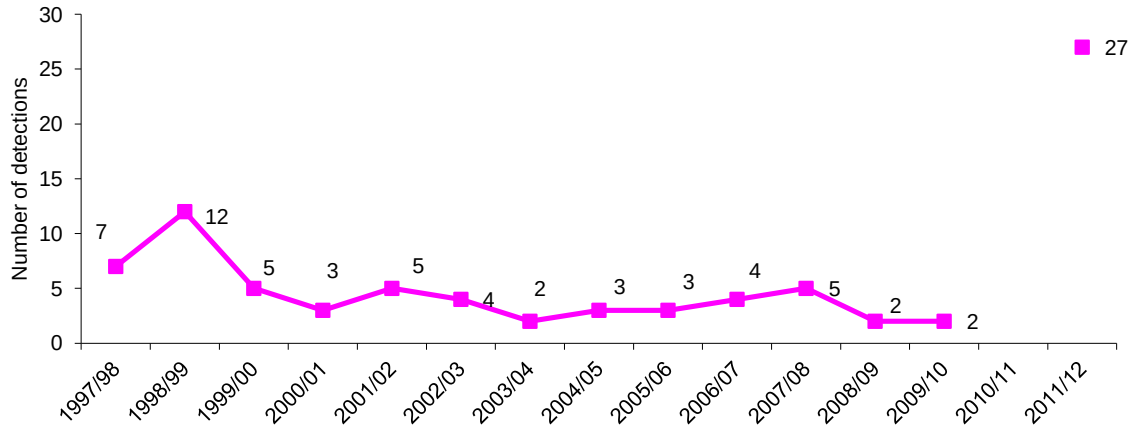
(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Obtained from (of those who commented)	2011 N=241	**2012 N=202**	n=44	n=25	n=35	n=37	n=23	n=21	n=4^	n=13
Friends	64	**50**	50	44	60	54	17	57	75	54
Known dealers	64	**19**	32	20	23	5	9	24	0	15
Acquaintances	20	**8**	9	4	9	3	17	14	0	0
Unknown dealers	5	**2**	2	4	0	3	4	0	0	0
Street dealers	n.a	**3**	0	0	6	0	4	0	0	15
Other	n.a	**2**	0	4	0	6	0	0	0	8
Used but not obtained	5	**17**	7	24	3	30	50	5	25	8
Locations obtained *(of those who commented)*	2011 n=241	**2012 n=202**	n=44	n=25	n=35	n=37	n=23	n=21	n=4^	n=13
Friend's home	33	**24**	30	16	20	22	0	33	50	54
Own home	17	**10**	9	20	14	14	4	5	0	0
Dealer's home	13	**11**	11	16	11	3	13	14	0	15
Raves*	2	**6**	0	4	9	22	0	0	25	0
Agreed public location	8	**10**	23	4	0	0	22	19	0	0
Private party	8	**4**	9	4	0	3	4	5	0	0
Nightclub	5	**2**	0	0	3	3	0	5	0	8
Pubs	3	**2**	2	0	6	0	4	0	0	0
Acquaintances home	2	**2**	2	0	0	0	0	10	0	0
Live music event	n.a	**6**	5	8	26	0	0	0	0	6
Work	n.a	**3**	2	4	6	3	0	5	0	0
Street	1	**1**	0	0	0	0	0	0	0	15
Other	2	**2**	0	0	3	3	4	0	0	0
Used but not obtained	6	**17**	7	24	3	30	48	5	24	8
Last use venue *(of those who commented)*	2011 n=241	**2012 n=203**	n=45	n=25	n=35	n=37	n=23	n=21	n=4^	n=13
Own home	19	**12**	7	16	17	5	13	10	0	31
Friend's home	19	**18**	22	12	14	16	7	33	0	23
Live music event	13	**10**	9	16	31	3	4	0	0	0
Raves*	5	**10**	4	8	11	27	0	5	25	0
Outdoors	11	**15**	31	8	6	5	13	29	0	8
Private party	6	**7**	11	8	3	8	0	10	0	8
Public place	4	**5**	2	4	11	3	4	10	0	0
Nightclub	3	**3**	2	0	3	3	4	0	25	15
Pubs	3	**<1**	0	0	0	0	0	0	25	0
Other	3	**2**	2	4	0	0	0	0	0	8
Used but not obtained	12	**18**	9	24	3	30	52	5	25	8

Source: EDRS interviews
* Includes 'doofs' and dance parties
^ Small numbers commenting (n<10); interpret with caution

5.6.5 LSD detected at the Australian border

There have only been a small number of seizures of LSD in recent years, however in 2011/12 there were 27 seizures recorded, the highest to date since EDRS monitoring began (Figure 39).

Figure 38: Number of LSD detections at the border by the Australian Customs and Border Protection Service, financial years 1997/98-2011/12



Source: (Australian Customs Border and Protection Service, 2012)

5.7 Cannabis

- The majority of respondents were able to differentiate between hydro and bush cannabis when being asked about cannabis market characteristics.
- Nationally, prices for hydro were generally (slightly) more expensive than those for bush cannabis. Prices were reported to have remained stable over the preceding six months.
- As in 2011, participants in all jurisdictions generally perceived the potency of hydro to be high and bush was most commonly reported to be medium. The potency for both forms was generally reported to have remained stable over the last six months.
- Hydro and bush were both reported by the majority to be easy or very easy to obtain, and the availability of both forms was reported to have remained stable.
- Both hydro and bush cannabis were most commonly bought from friends, and used in private locations.

5.7.1 Price

Prices in Table 86 represent the median last price paid for the most commonly reported purchase amounts (quarter-ounces and ounces) of bush and hydro by jurisdiction. Nationally, 135 participants reported having purchased an ounce of hydro in the preceding six months (n= 73 purchased an ounce of bush), while 143 reported purchase of a quarter-ounce of hydro (n= 76 purchased a quarter-ounce of bush). These are slightly higher numbers than last year. These quantities are the most frequent quantities purchased. Prices last paid per quarter ounce of hydro were either reported as constant or having had slight fluctuations with ounces slightly decreasing and quarter ounces slightly increasing, as compared to 2011. The median last price paid per ounce of hydro ranged from $150 in VIC and TAS to $450^ in the NT. The median last price paid per ounce of bush ranged from $200 in SA, to $300 in WA (Table 85).

Table 85: Median last price paid per quarter ounce and ounce of hydroponically and outdoor grown cannabis, 2011-2012

	Median last price $ per quarter-ounce (range)				Median last price $ per ounce (range)			
	Hydro		Bush		Hydro		Bush	
	2011	2012	2011	2012	2011	2012	2011	2012
NSW	90 (20-240)	**100 (50-100)**	80^ (20-100)	**100^ (70-100)**	300 (230-400)	**290 (160-350)**	290^ (200-300)	**265 (150-300)**
ACT	90 (50-240)	**90 (40-240)**	80 (20-700)	**60^ (50-80)**	280^ (250-300)	**280 (230-320)**	200^ (150-250)	**240^ (180-300)**
VIC	70 (50-190)	**80 (50-240)**	80 (50-160)	**70 (40-240)**	240 (120-320)	**150 (150-600)**	250 (125-280)	**212^ (120-250)**
TAS	70^ (50-100)	**90 (25-190)**	70^ *(no range)*	**70^ (0-150)**	287.50^ (225-350)	**150 (150-350)**	225^ *(no range)*	**250 (150-280)**
SA	60 (50-80)	**52.50^ (50-65)**	60 (50-80)	**55^ (50-80)**	200 (160-270)	**200 (100-250)**	200 (160-260)	**200 (80-240)**
WA	87.50^ (75-100)	**87.50^ (75-100)**	50^ *(no range)*	**80^ *(no range)***	350 (200-375)	**350 (200-370)**	300^ (200-350)	**300^ (200-350)**
NT	150^ *(no range)*	**100^ *(no range)***	120^ *(no range)*	**- -**	400^ *(no range)*	**450^ (200-450)**	400^ *(no range)*	**265^ (250-280)**
QLD	90 (25-120)	**90 (70-100)**	70 (50-90)	**80^ (70-90)**	300 (130-350)	**280 (80-450)**	220 (130-280)	**250^ (60-300)**

Source: EDRS interviews
^ Small numbers reporting (n<10); interpret with caution

Consistent with the reporting of other drug types, participants were asked whether the price of cannabis had changed in the six months preceding interview, again making the distinction between hydro and bush cannabis. Prices for both were largely reported to have remained stable over the preceding six months (Table 86).

Table 86: Cannabis price changes, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Hydro price changes	2011	2012								
Of those who responded	n=296	n=339	n=61	n=35	n=48	n=48	n=61	n=41	n=7^	n=38
Increased	12	**11**	8	6	10	8	10	22	29	8
Stable	78	**82**	89	83	81	85	85	66	57	87
Decreased	3	**3**	0	3	6	0	3	2	14	3
Fluctuated	7	**4**	3	9	2	6	2	10	0	3

Source: EDRS interviews
^ Small numbers reporting (n<10); interpret with caution
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Table 87: Cannabis price changes continued, 2012

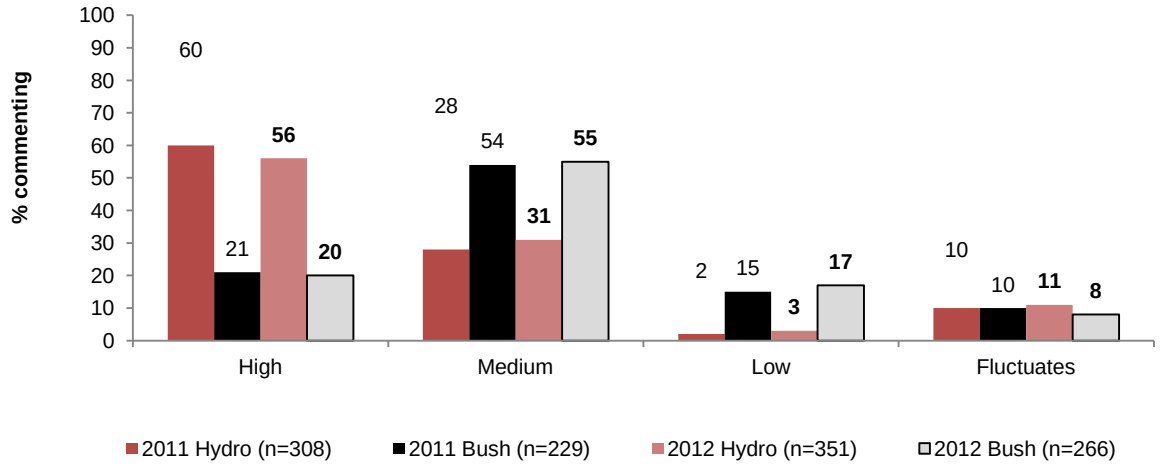
Bush price changes	2011	2012	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Of those who responded	n=189	n=247	n=33	n=27	n=27	n=46	n=57	n=32	n=3^	n=22
Increased	10	**6**	12	7	2	0	0	16	67	5
Stable	79	**82**	79	82	83	88	88	75	33	91
Decreased	4	**6**	3	4	11	4	4	3	0	0
Fluctuated	6	**7**	6	7	4	9	9	6	0	5

Source: EDRS Interviews, 2012
^ Small numbers reporting (n<10); interpret with caution
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

5.7.2 Potency

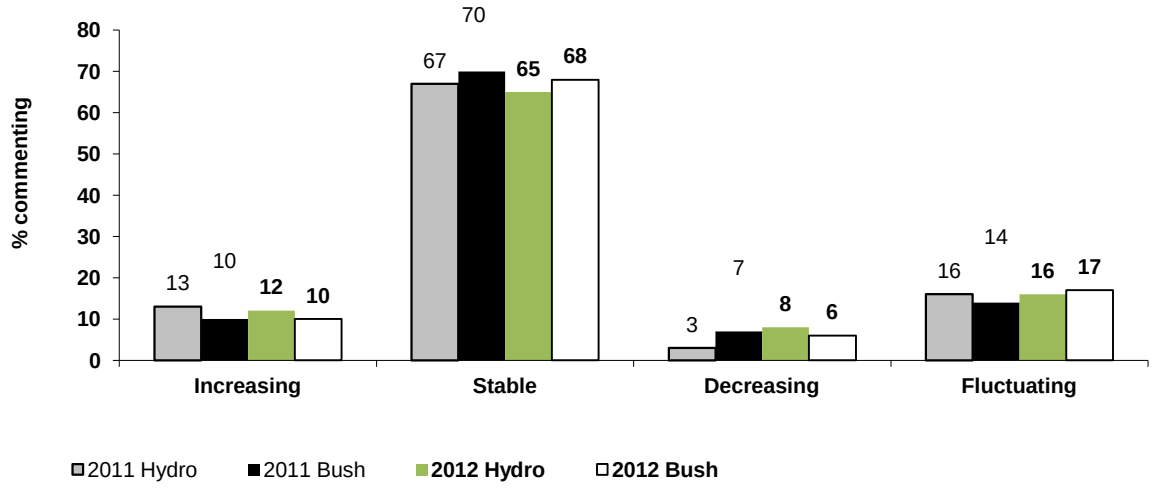
Of those who commented, the majority reported that the current potency of hydro cannabis was high. In contrast, bush cannabis was most commonly reported to be of medium potency (Figure 40). Reports on whether potency had changed were similar for both hydro and bush, with the majority reporting that they had remained stable in the preceding six months (Figure 41).

Figure 39: National REU reports of current cannabis potency among those who commented, 2011-2012



Source: EDRS interviews
The response option 'don't know' was excluded from analysis from 2009 onwards

Figure 40: National REU reports of recent (last six months) change in cannabis potency, 2011-2012



Source: EDRS interviews
The response option 'don't know' was excluded from analysis from 2009 onwards

5.7.3 Availability

Participants were asked to comment on the current availability of hydro, and whether this had changed in the six months preceding interview. Hydro was commonly reported to be easy or very easy to obtain (95%). Over half of the sample that commented reported access to hydro cannabis to have remained stable (80%, Table 88).

Table 88: Availability of hydro, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability (among those who commented)	2011 n=311	2012 n=355	n=63	n=36	n=50	n=51	n=63	n=43	n=8^	n=41
Very easy	64	**66**	73	64	62	65	67	65	25	73
Easy	29	**29**	16	36	32	31	32	30	63	20
Difficult	7	**5**	11	0	6	4	2	5	13	7
Very difficult	0	**0**	0	0	0	0	0	0	0	0
Availability changes (among those who commented)	2011 n=310	2012 n=348	NSW n=63	ACT n=35	VIC n=46	TAS n=51	SA n=62	WA n=43	NT n=8^	QLD n=40
More difficult	7	**8**	11	11	7	2	3	14	0	15
Stable	82	**80**	76	77	80	94	84	72	88	73
Easier	7	**8**	11	6	11	2	7	12	0	8
Fluctuates	5	**4**	2	6	2	2	7	2	13	5

Source: **EDRS interviews**
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Reports of bush availability also indicated that bush tended to be easy or very easy to obtain (80%), with approximately one-fifth of the commenting sample considering it to be difficult to obtain. QLD was the jurisdictions that had the highest proportion that reported bush as being 'difficult' to obtain. Availability was most commonly reported to have remained stable in the past six months by the national sample, a finding reflected across all jurisdictions except the NT (Table 89).

Table 89: Availability of bush, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability (among those who commented)	2011 N=234	2012 N=269	n=39	n=29	n=29	n=49	n=61	n=33	n=5^	n=24
Very easy	38	**38**	31	38	48	43	49	33	20	13
Easy	39	**42**	49	55	31	51	31	46	60	25
Difficult	20	**16**	18	7	7	6	15	18	20	50
Very difficult	3	**5**	3	0	14	0	5	3	0	13
Availability changes (among those who commented)	National N=224	N=262	NSW n=38	ACT n=29	VIC n=28	TAS n=47	SA n=60	WA n=33	NT n=4^	QLD n=23
More difficult	10	**10**	8	14	14	6	5	6	0	26
Stable	70	**72**	74	69	68	83	73	73	75	48
Easier	13	**12**	16	14	18	9	10	25	25	4
Fluctuates	7	**7**	3	3	0	2	12	0	0	22

Source: **EDRS interviews**
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Hydro was most commonly reported to have been obtained from friends and known dealers and was the most commonly reported to have been obtained at friends' homes. Participants' own homes and friends' homes were most frequently reported as last locations of use (Table 90).

Table 90: Last source person and purchase locations and use locations of hydro, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Obtained from (among those who commented)	2011 N=311	2012 N=359	n=63	n=36	n=50	n=52	n=65	n=44	n=8^	n=41
Friends	51	**56**	48	56	42	58	63	64	50	66
Known dealers	35	**27**	29	36	36	25	17	27	25	27
Acquaintances	5	**5**	10	0	6	2	3	5	0	7
Workmates	<1	**2**	2	0	4	4	2	0	0	0
Unknown dealers	2	**1**	5	0	0	0	0	0	0	0
Street dealer	1	**1**	2	0	0	0	2	0	0	0
Other	<1	**3**	3	0	6	6	0	2	13	0
Used, but not obtained	5	**6**	3	8	6	6	14	2	13	0
Locations obtained (among those who commented)	2011 N=312	2012 N=357	NSW n=63	ACT n=36	VIC n=50	TAS n=51	SA n=65	WA n=44	NT n=8^	QLD n=41
Friend's home	38	**40**	33	37	42	35	49	42	50	46
Dealer's home	25	**19**	21	23	20	17	12	21	25	20
Own home	16	**20**	19	26	18	31	20	12	0	20
Agreed public location	10	**6**	10	3	6	2	6	12	0	7
Acquaintance's home	1	**4**	5	0	6	0	3	5	0	7
Work	<1	**1**	3	0	2	2	0	2	0	0
Street market	1	**<1**	2	0	0	0	0	0	0	0
Other	3	**3**	5	3	0	8	2	5	13	2
Used, but not obtained	5	**6**	3	9	6	6	14	2	13	0
Last use venue (among those who commented)	2011 N=313	2012 N=358	NSW n=63	ACT n=36	VIC n=50	TAS n=51	SA n=65	WA n=44	NT n=8^	QLD n=41
Friend's home	22	**27**	33	28	30	18	31	27	0	24
Own home	64	**60**	54	58	56	77	54	55	75	71
Dealer's home	<1	**1**	2	3	0	0	2	0	0	0
Public place	2	**2**	3	0	4	0	2	7	0	0
Pub	<1	**<1**	0	0	0	0	0	0	13	0
Outdoors	2	**<1**	2	0	0	0	0	0	0	2
Nightclub	<1	**<1**	0	3	0	0	0	0	0	0
Private party	1	**<1**	0	0	0	0	2	0	0	0
Other	5	**3**	3	3	6	0	0	9	0	2
Used, but not obtained	3	**5**	5	6	4	6	11	2	13	0

Source: **EDRS interviews**
'Other' last use venue includes: restaurants/cafes, raves/doofs/dance parties, and car/other vehicle and work

As with hydro and other drug types investigated by the EDRS, EDRS participants most commonly reported obtaining bush from friends (59%) and this most commonly occurred in private locations (at friends' homes (45%) and at their own homes (16%)). Participants' own homes (53%) followed by friends' homes (29%) were most commonly reported as last use venues (Table 91).

Table 91: Last source person, purchase location and use location of bush, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Obtained from	2011	2012								
(among those who commented)	N=237	N=270	n=39	n=28	n=30	n=49	n=62	n=33	n=5^	n=24
Friends	54	**59**	44	50	63	59	61	64	60	71
Known dealers	21	**17**	31	11	20	20	11	15	0	13
Acquaintances	5	**6**	8	4	3	2	5	12	20	8
Unknown dealers	3	**2**	3	7	3	0	0	0	0	4
Street dealer	3	**1**	0	0	3	0	2	0	0	0
Workmates	1	**2**	5	0	0	2	2	0	0	0
Other	2	**5**	0	11	3	6	7	3	20	0
Used but not obtained	11	**10**	10	18	3	10	13	6	0	4
Locations obtained	2011	2012	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	N=238	N=269	n=39	n=28	n=30	n=49	n=62	n=32	n=5^	n=24
Friend's home	44	**45**	31	46	50	37	50	59	60	46
Home delivery	15	**16**	5	21	13	25	16	9	20	25
Dealer's home	15	**13**	23	11	10	18	8	9	0	8
Agreed public location	5	**6**	15	4	13	0	5	3	0	4
Acquaintance's home	2	**2**	3	0	0	0	2	9	0	4
Street market	4	**1**	0	0	3	0	0	0	0	4
Work	1	**2**	5	0	0	2	0	0	20	0
Live music event	2	**1**	0	0	0	2	2	0	0	0
Other	3	**5**	8	0	7	6	5	3	0	4
Used but not obtained	11	**10**	10	18	3	10	13	6	0	4
Last use venue	2011	2012	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	N=238	N=270	n=39	n=29	n=30	n=49	n=61	n=33	n=5^	n=24
Own home	56	**53**	41	52	43	71	46	46	40	79
Friend's home	26	**29**	39	28	37	16	36	36	40	4
Dealer's home	1	**<1**	0	0	0	2	0	0	0	0
Private party	1	**1**	0	3	0	0	0	0	0	4
Pub	<1	**1**	0	0	0	0	2	0	20	0
Outdoors	5	**4**	8	3	7	0	3	3	0	4
Public place	1	**2**	5	0	7	0	0	3	0	4
Other	5	**4**	3	3	3	0	2	3	0	4
Live music event	1	**1**	0	0	0	0	2	3	0	0
Used but not obtained	4	**7**	5	10	3	10	10	6	0	4

Source: EDRS interviews

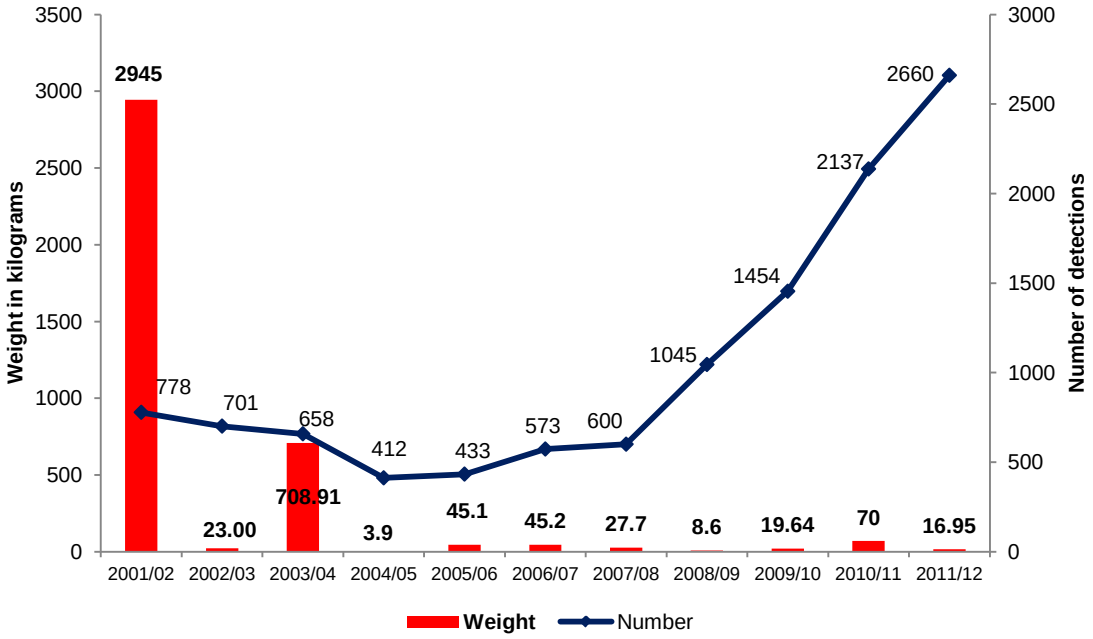
'Other' last use venue includes: car/other vehicle, raves/doofs/dance parties, educational institutions, work and acquaintances house.

5.7.4 Cannabis detected at the Australian border

Cannabis production occurs in many parts of Australia and much of the cannabis consumed in Australia is believed to be domestically produced. However, there are also numerous cannabis detections made by the Australian Customs and Border Protection Service each year.

The number of cannabis detections continued to increase in 2011/12 to 2660 (up from 2137 in 2010/11), while weights of seizures continues to fluctuate (Figure 42).

Figure 41: Weight and number of detections of cannabis made at the border by the Australian Customs and Border Protection Service, financial years 1997/98-2011/12



Source: (Australian Customs Border and Protection Service, 2012)

6 HEALTH-RELATED TRENDS ASSOCIATED WITH ERD USE

- Of the national sample, 33% reported having ever **overdosed** on a **stimulant** drug and, of those, 68% had done so in the preceding 12 months. Ecstasy was the main drug to which participants attributed the stimulant overdose. Most stimulant OD occurred in private locations, which has major health implications. The most common symptoms reported were vomiting and increased heart rate. Of those that sought immediate treatment, most were attended to by an ambulance.
- Thirty-one percent of the national sample reported having ever **overdosed** on a **depressant** drug and, of those, 55% reported recent (last 12 months) overdose. Recent overdoses were most commonly attributed to alcohol (72%). Most depressant OD occurred in private locations. The most commonly reported symptom was vomiting. Of those that sought treatment, most were attended to by an ambulance.
- Of the national sample 13% had **accessed either a medical or health service** in relation to their drug use during the six months preceding interview. The services most commonly accessed by these participants were GPs (27%). In terms of medical issues (e.g. overdoses), the main issue for seeking medical attention was cutting down drug use (17%) followed by dependence/addiction (16%). The main drugs to seek medical attention for were alcohol (25%), cannabis (19%) and ecstasy (10%).
- In 2010/11, **treatment seeking** for ecstasy use (as the principal drug of concern) remained low in the general population at 1.0% of closed treatment episodes.
- A small proportion of participants (8%) were classified as currently experiencing very high psychological distress on the **Kessler Psychological Distress Scale**. The majority reported no or low distress (36%).
- Almost a third (32%) of the sample reported experiencing a **mental health problem** in the preceding six months; depression and anxiety were the most commonly reported.

6.1 Overdose and drug-related fatalities

As in previous years[9], participants were surveyed regarding their experience of overdose. 'Overdose' was defined as experiencing symptoms consistent with either stimulant toxicity (e.g. nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, anxiety or panic, hallucinations) or symptoms consistent with a depressant overdose (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). It should be noted that the following data refer to participants' understandings of these definitions and do not represent medical diagnoses. Fifty-eight percent of the national sample reported having ever experienced either a stimulant and/or a depressant overdose[10].

6.1.1 Non-fatal stimulant overdose

Thirty-three percent of the national sample reported having ever overdosed on a stimulant drug on an average of twice (range=1-50 occasions). Of those who had ever overdosed on a stimulant drug, 82% reported having overdosed in the past 12 months.

Participants reporting an overdose in the last 12 months were asked which stimulant drug they considered to be the main drug causing their last overdose. The most commonly reported main drug was ecstasy (54%), with smaller proportions nominating ice/crystal,

[9] Note, however, that in 2007 a distinction was drawn between self-reported overdose of stimulant drugs and of depressant drugs (in previous years these drug types were combined).

[10] Comparisons with previous years should be undertaken with caution due to changes in survey items on overdose.

speed and cocaine (Table 92). Poly drug use was common, with 82% reporting that they had been under the influence of one or more other drugs (stimulants or depressants) in addition to the 'main' drug at the time of last overdose. These were typically alcohol (51%) and cannabis (24%), with smaller numbers reporting ketamine (5%), cocaine (4%), LSD, (3%) and benzodiazepines (3%) also mentioned.

Of those who had overdosed in the past 12 months, private locations such as friend's home, and own home were the locations that most participants reported the stimulant OD taking place (Table 92).

The main symptoms which participants reported on their last stimulant overdose occasion (if it occurred within the last 12 months) included vomiting (19%), increased heart rate (11%), extreme anxiety (11%), nausea (8%), hallucinogenic – visual (8%), and paranoia (6%).

At their last occasion of overdose (of those who had overdosed in the preceding 12 months), most did not receive any medical treatment (57%). Of those that received treatment, small numbers reported the following forms of treatment: attended an ambulance (7%); attended the emergency department (4%) and saw a GP (2%). Forty-four percent reported another form of treatment such as being monitored by friends.

Of those that had a stimulant overdose in the last 12 months, participants reported having been partying for a median of 7 hours (range= 0.1 hours to 168 hours).

The main symptoms which participants reported on their last stimulant overdose occasion (if it occurred within the last 12 months) included vomiting (19%), increased heart rate (11%), extreme anxiety (11%), nausea (8%), hallucination – visual (7%), and paranoia (6%).

Table 92: Stimulant overdose in the last six months among REU, 2012

(%)	National 2011 N=573	National 2012 N=603	NSW n=99	ACT n=50	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=60
Ever overdosed on stimulant drug	32	**33**	36	30	29	13	36	51	33	33
Mean number times ever overdosed* (n)	2	**2**	1	2	2	1	2	2	2.5	1.5
Overdosed last 12 months*	70	**82**	100	91	82	36	82	85	100	92
Main drug**	(n=120))	**(n=108))**	(n=22)	(n=10)	(n=18)	(n=5^)	(n=18)	(n=23)	(n=1^)	(n=11)
Ecstasy	59	**54**	55	30	61	40	61	57	100	46
Ice/crystal	8	**16**	18	20	22	0	6	22	0	9
Speed	13	**6**	0	30	6	0	6	4	0	0
Cocaine	4	**6**	14	10	6	20	0	0	0	0
Base	3	**2**	0	10	0	0	0	0	0	9
Pharmaceutical stimulants	2	**1**	0	0	0	0	0	4	0	0
Other	12	**17**	14	0	6	40	28	13	0	36
More than one drug in last OD**	77	**82**	100	91	82	36	82	85	100	92
Last OD location**	(n=121)	**(n=108)**	(n=22)	(n=10)	(n=18)	(n=5^)	(n=18)	(n=23)	(n=1^)	(n=11)
Nightclub	19	**16**	14	20	33	0	11	17	0	0
Own home	21	**21**	27	30	6	20	22	13	100	36
Friend's home	18	**22**	23	10	39	20	17	22	0	18
Live music event	18	**11**	5	10	6	40	6	22	0	9
Rave/dance party	3	**3**	14	0	0	0	0	8	0	0
Outdoors	1	**5**	14	0	0	0	6	4	0	0
Private party	7	**7**	5	0	0	0	22	9	0	9
Other	12	**15**	0	20	17	20	17	13	0	27

Source: EDRS interviews * Of those who ever overdosed ** Of those who had overdosed in the past 12 months^ Small numbers n<10; interpret with caution

6.1.2 Non-fatal depressant overdose

Thirty-one percent of the national sample reported having ever overdosed on a depressant drug on a median of 11 occasions (range=1-100 occasions). Participants reported that their last depressant overdose had occurred a median of twelve months ago (range=<1 month-20 years). Of those who had ever overdosed on a depressant drug, 55% reported having overdosed in the past 12 months (see Table 93).

Participants were asked to report the main drug to which they attributed their last depressant overdose. The most commonly reported main drug was alcohol (72%); smaller proportions reported heroin (6%) and benzodiazepines (6%). The 'other' category consisted of reports of cannabis and antidepressants. Half (50%) of those who reported recent depressant overdose had been under the influence of more than one drug at that time. In addition to the main drug, the most commonly reported 'other' drugs taken when recently overdosed were cannabis (22%), alcohol (12%), ecstasy (11%) and benzodiazepines (4%).

As with stimulant overdose, of those that had had a depressant overdose in the past six months, locations of last overdose reported were predominantly private locations such as own home (26%) and friends' homes (24%) versus public locations such as nightclubs (15%) and live music events (4%). Symptoms which participants reported on their last overdose occasion included vomiting (38%) and losing consciousness (34%) and collapsing (9%). See Table 93 for other symptoms experienced.

At their last occasion of overdose (of those who had overdosed in the preceding six months), 50% reported that there was a sober person who was able to assist at the time. On the occasion of overdose, immediate attention/care reported was monitoring by friends (36%), ambulance attendance (14%), and emergency department attendance (5%). Smaller numbers reported immediate treatment of receiving oxygen. In relation to follow-up treatment post depressant overdose, small numbers (<5) reported visiting a counsellor, GP, seeking information on the internet or a telephone information service, visiting a psychologist or a consumer group.

The majority of those that had recently overdosed on a depressant reported that it had occurred on a night of 'heavy session' of use (59%) as opposed to a normal night out. The depressant OD was reported to have occurred a median of five hours (range= 0-120 hours) after being out partying.

Table 93: Depressant overdose in the last 12 months among REU, 2012

	National 2011 N=571	National 2012 N=602	NSW n=99	ACT n=50	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=59
Ever overdosed on depressant drug	46	**31**	39	32	26	13	39	38	58	27
Mean number times ever overdosed* (n)	22	**11**	6	12	9	2	7	6	9	3
Overdosed last 12 months*	75	**55**	59	63	65	15	66	56	43	31
Main drug **	(n=183)	**(n=94)**	(n=23)	(n=9^)	(n=17)	(n=2^)	(n=19)	(n=16)	(n=3^)	(n=5^)
Alcohol	83	**72**	57	89	59	100	90	81	100	40
Heroin	7	**6**	9	0	12	0	11	0	0	0
GHB	1	**3**	9	0	0	0	0	0	0	20
Benzodiazepines	2	**6**	13	0	12	0	0	6	0	0
Other opiates	3	**3**	9	0	6	0	0	0	0	0
Other	5	**9**	4	11	12	0	0	13	0	40
Last OD location**	(n=188)	**(n=95)**	(n=23)	(n=9^)	(n=18)	(n=2^)	(n=19)	(n=16)	(n=3^)	(n=5^)
Friends home	18	**24**	30	22	24	50	26	19	0	
Own home	29	**26**	17	33	29	50	21	31	33	25
Nightclub	16	**15**	4	22	12	0	16	25	33	40
Private party	9	**11**	17	22	0	0	11	6	0	20
Pub	11	**4**	4	0	6	0	11	0	0	0
										0
Live music event	3	**4**	4	0	0	0	11	6	0	0
Public place (street/park)	7	**7**	9	0	17	0	5	6	0	0
Other	2	**8**	13	0	11	0	0	6	33	20
More than one drug in last OD**	50	**43**	39	0	36	-	17	71	50	100
Symptoms experienced last OD**	(n=84)	**(n=93)**	(n=23)	(n=8^)	(n=18)	(n=2^)	(n=19)	(n=16)	(n=3^)	(n=4^)
Vomiting	62	**38**	35	88	17	50	47	44	0	0
Losing consciousness	27	**34**	39	13	56	0	32	13	33	75
Collapsing	4	**9**	9	0	6	50	11	6	33	0
Suppressed breathing	1	**2**	9	0	0	0	0	0	0	0
Turning blue	X	**2**	4	0	6	0	0	0	0	0
Other	6	**15**	4	0	17	0	11	38	33	25

Source: EDRS interviews
* Of those who ever overdosed
** Of those who had overdosed in the past 12 months

Drug-related fatalities

The ABS has changed the way it collates deaths data, making comparisons to earlier overdose bulletins published by NDARC difficult. Since 2003, the ABS has progressively ceased visiting jurisdictional coronial offices to manually update causes of death that had not been loaded onto the computerised National Coronial Information System (NCIS). It was in 2006 that the ABS began to rely solely on data contained on NCIS at the time of closing the deaths data file. In addition, a number of jurisdictions, notably NSW and QLD, reported backlogs in cases that *had* been finalised by the coroner (i.e. cases where the coroner has determined the cause of death), but not yet loaded onto NCIS. This is likely to have an impact on the number of opioid-related deaths recorded at a national level in 2006, given that NSW and QLD recorded the highest number of opioid-related deaths in Australia during the period 2000 to 2005. Accordingly, only drug-related deaths for 2008 are reported here. These data should be interpreted in conjunction with the ABS Technical Note 2: Coroner Certified Deaths, 3303.0 2007. Excerpt taken from**:** (Roxburgh and Burns, in press-a).

6.1.3 Methamphetamine-related fatalities

There are fewer deaths attributable to methamphetamine than are attributable to opioids. There is a limited understanding of the role of methamphetamine in death, and, therefore, mortality data may under-represent cases where methamphetamine has contributed to death, such as premature death related to cerebral vascular pathology (e.g. haemorrhage or thrombosis in the brain).

In 2008, there was a total of 55 'drug induced' deaths in which methamphetamine was mentioned among those aged 15-54 years. Methamphetamine was determined to be the underlying cause of death in thirteen of all methamphetamine related deaths in 2008 (Roxburgh and Burns, in press-a). The 2009 ABS data on methamphetamine-related deaths were not available at the time of publication.

6.1.4 Cocaine

Eleven drug-related deaths in which cocaine was mentioned occurred among the 15-54 year age group in 2008, with two deaths mentioning cocaine as an underlying cause (Roxburgh and Burns, in press-a). The 2009 ABS data on methamphetamine-related deaths were not available at the time of publication.

6.1.5 Fatal and non-fatal ketamine overdose

Ketamine users may be at risk of experiencing a range of acute side effects that place them at risk of harm. In an Australian study of ketamine users, effects such as an inability to speak, blurred vision, lack of co-ordination and increased body temperature were often reported (Dillon et al., 2003), and the experience of a 'k-hole' may lead some to experience symptoms of paranoia, hallucinations and distress (Jansen, 2000). These effects may increase the acute risks of ketamine, particularly because it is often used in nightclubs or dance parties, where the confusion and dissociation induced by ketamine may lead to unintended harms such as falls, traffic accidents (when leaving venues), and the unpleasant event of being taken advantage of by others.

No national data could be collected on non-fatal or fatal overdoses where ketamine was implicated. It is problematic to monitor deaths due to ketamine in existing data collections. See individual state/territory reports for jurisdictional-level information, where available.

6.1.6 Fatal and non-fatal GHB overdose

One of the reasons for the considerable media attention around GHB has arisen from numerous anecdotal and case reports of GHB overdose. GHB is known as a drug with a steep dose-response curve, which means that the difference between a 'desired' dose and one that renders the users unconscious is very small (Nicholson and Balster, 2001). In recreational settings, the additional factors of inconsistent potency, variable individual response to GHB, environmental conditions and polydrug use may increase risks of GHB overdose, despite the best intentions of users to reduce these risks. In one Australian study, half (53%) of a sample of GHB users had overdosed at some time (overdosing was defined as losing consciousness and being unable to be woken) (Degenhardt et al., 2003).

Concerted media attention on GHB-related overdoses has certainly existed in Australia, with wide media reporting of occasions where multiple GHB overdoses have occurred. Recent analysis of data from coronial records has suggested that 10 cases had been confirmed in this country to be associated with the use of GHB, with eight of these cases confirmed as primarily caused by the drug (Caldicott et al., 2004).

It is not possible at this time, however, to report statistics on the numbers of GHB overdoses presenting to emergency departments and hospitals in Australia. This is because GHB is not a separately recorded drug type in ICD-9 or ICD-10 (the classification system used in these settings), and no alternative mechanism for routinely documenting GHB overdoses has yet been developed around the country.

Given that anecdotal reports suggest continued occurrence of GHB overdoses, and reports from hospitals in increasing locations and jurisdictions around the country reinforcing this suggestion, it would be desirable for some simple mechanism for collecting and reporting these adverse events to be developed.

6.2 Help-seeking behaviour

Participants were asked if they had accessed any medical or health services in relation to their ERD or alcohol use in the last six months. For those that had *thought about* contacting a service, however did not do so (16%, n=84), the reasons most endorsed for not doing so included: not being bothered (23%) and did not want to abstain from drug use (15%).

Of the 13% of the national sample that had accessed either a medical or health service in the six months preceding interview, the most endorsed service accessed was: a doctor or GP (27%), followed by a psychologist (16%) and a drug and alcohol worker (14%). Very small numbers accessed the emergency services such as telephone counselling (4%) and the Emergency Department (2%; see Table 94).

Table 94: Proportion of REU who accessed a medical or health service, 2012

Service accessed (%)	National 2011 N=90	National 2012 N=83	NSW n=17	ACT n=8^	VIC n=17	TAS n=11	SA n=13	WA n=5^	NT n=2^	QLD n=10
Doctor (GP)	34	**27**	47	0	24	55	15	20	0	10
Psychologist	12	**16**	6	0	24	9	23	20	0	30
Counsellor	17	**11**	0	13	6	9	15	20	0	30
Drug and Alcohol worker	12	**13**	0	13	12	18	23	20	0	20
Emergency Department	6	**2**	6	0	6	0	0	0	0	0
Psychiatrist	3	**7**	12	13	12	0	0	0	50	0
Hospitalisation	n.a	**6**	6	25	0	0	0	0	50	10
Telephone counselling	3	**4**	6	0	6	0	8	0	0	0
Other	9	**14**	18	38	12	9	15	20	0	0

Source: EDRS interviews
Note: Multiple responses were permitted
^ Small numbers interpret with caution

Table 95 presents the proportion of participants who accessed medical and health services, with cutting down drug use (17%) and dependence/addiction (16%) being the primary reasons people accessed services. In terms of immediate reasons, overdose was reported by 10% of participants that answered the section (see Table 96). Also reported by two participants was the reason of 'other psychological problems' and 'medication prescription'.

Table 95: Main issue for REU who accessed medical or health service, 2012

Main Issue (%)	National 2011 N=90	National 2012 N=83	NSW n=17	ACT n=8^	VIC n=17	TAS n=11	SA n=13	WA n=5^	NT n=2^	QLD n=10
Cutting down drug use	13	**17**	24	0	24	18	15	0	0	20
Dependence/ Addiction	24	**16**	18	25	6	0	23	20	0	30
Overdose	8	**10**	6	0	29	0	8	0	50	0
Depression/ Anxiety longer term	8	**10**	6	25	18	7	0	0	0	10
Anxiety immediate	6	**10**	6	0	0	7	8	60	50	10
Social/ relationship issues	6	**4**	0	0	6	9	8	0	0	0

Source: EDRS interviews

Table 96: Main issue for REU who accessed medical or health service continued, 2012

Main Issue (%)	National 2011 N=90	National 2012 N=83	NSW n=17	ACT n=8^	VIC n=17	TAS n=11	SA n=13	WA n=5^	NT n=2^	QLD n=10
Information/ advice on drugs	3	**2**	0	13	0	7	0	0	0	0
Aggression/ violent behaviour	6	**4**	6	13	6	0	0	0	0	0
Psychosis	3	**4**	0	13	0	0	8	0	0	10
Physical accident	2	**2**	12	0	0	0	0	0	0	0
Acute physical problems	2	**5**	0	0	6	18	8	0	0	0
Physical accident longer term	2	**1**	6	0	0	0	0	0	0	0
Other	14	**2**	6	13	8	0	0	0	0	0

Source: EDRS interviews

The main drug reported for the health and medical service access was alcohol (30%) followed by cannabis (19%) and ice/crystal (15%). Other drugs reported by participants were pharmaceutical stimulants, mushrooms, base, benzodiazepines and LSD (Table 67).

Table 97: Main drug for health and medical service accessed for REU, 2012

Main Drug (%)	National 2011 N=90	National 2012 N=80	NSW n=17	ACT n=8^	VIC n=17	TAS n=10	SA n=13	WA n=5^	NT n=2^	QLD n=8^
Alcohol	30	**25**	24	13	24	50	23	0	100	13
Cannabis	17	**19**	18	0	12	30	15	20	0	50
Ice/crystal	3	**15**	24	13	18	0	0	80	0	0
Ecstasy	16	**10**	0	13	18	10	15	0	0	13
Heroin	14	**10**	6	38	18	10	8	0	0	0
Speed	6	**3**	0	13	6	0	0	0	0	0
Other opiates	3	**3**	0	13	0	0	0	0	0	13
Other	3	**15**	29	0	6	10	38	0	0	0

Source: EDRS interviews

In 2012 EDRS participants were asked if they had taken any precautions regarding avoiding bad effects from ecstasy-type pills. Only 19% of the sample reported that they took no precautions, 63% reported that they only bought and took pills from a ‘trusted source’, 37% reported that they used a moderated technique of taking one pill (or less) to start off with and observe the effects, 35% reported that they only consumed pills with a ‘good reputation’, 34% reported that they checked their pills on drug use websites, 17% reported using only after they had seen the effect of taking that particular pill on someone else and 10% reported using a pill testing kit. Some themes from participants reporting ‘other precautions’ (12%) included: hydration or to consume less water, keeping alcohol consumption at a minimum, to consume food before taking the pill, assess the texture and/or bitterness of the pill, and to alert friends and have them in close proximity.

6.3 Drug treatment

6.3.1 Ecstasy

Although ecstasy users do not typically come into contact with health professionals for problems related to drug use, and few of the EDRS participants were currently in drug treatment, there is some evidence that there are people experiencing problems with their ecstasy use and have sought treatment.

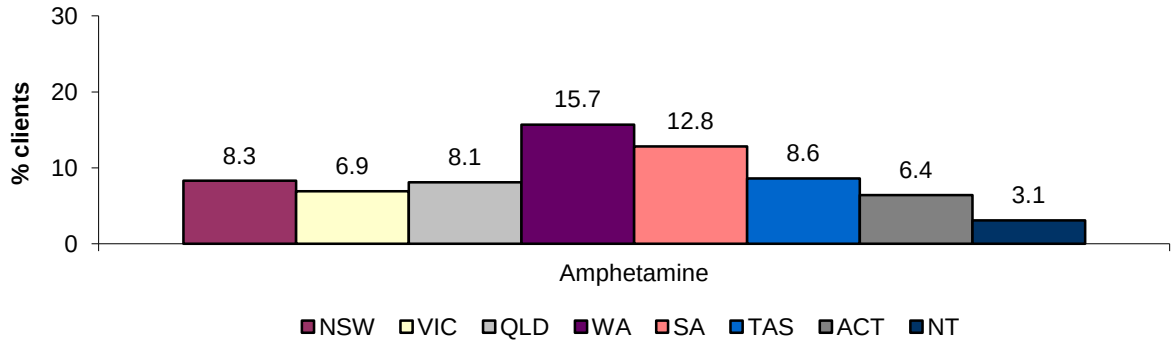
Ecstasy episodes remained steady as a proportion of all episodes between 2009–10 and 2010–11 (both less than 1%) but decreased substantially in terms of total number of episodes where ecstasy was the principal drug of concern (around 700 episodes in 2010–11 down 400 episodes from around 1,100 in 2009–10).

When all drugs of concern are considered, 4% of treatment episodes included ecstasy as a drug of concern, down from 6% in 2009–10. Just under half of episodes with ecstasy as their principal drug of concern (48%) included at least one other drug of concern and this drug was most commonly alcohol.

6.3.2 Methamphetamine

Amphetamines were the fourth most common principal drug of concern for which treatment was sought in 2010–11 (9% of episodes), a slight increase compared with 2009–10 (7%). Three in five (61%) episodes included at least one other drug of concern in addition to amphetamines, a decrease from 64% in 2009–10. In both 2009–10 and 2010–11, this other drug was most commonly cannabis (Figure 43).

Figure 42: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 20010/11



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2009)
Note: Excludes closed treatment episodes for clients seeking treatment for the drug use of others. Treatment utilisation depends on demand and jurisdictional funding; data do not include clients from methadone maintenance treatments, NSP, correctional institutions, halfway houses or sobering up shelters

6.3.3 Cocaine

Cocaine was the principal drug of concern in a small proportion of episodes in 2010–11 (less than 1%, or around 500 episodes). This is a small decrease from around 600 episodes in 2009–10.

6.3.4 Ketamine

No specific ketamine data were available in 2010/11. Treatment-seeking for problems associated with ketamine use is low compared to other drugs.

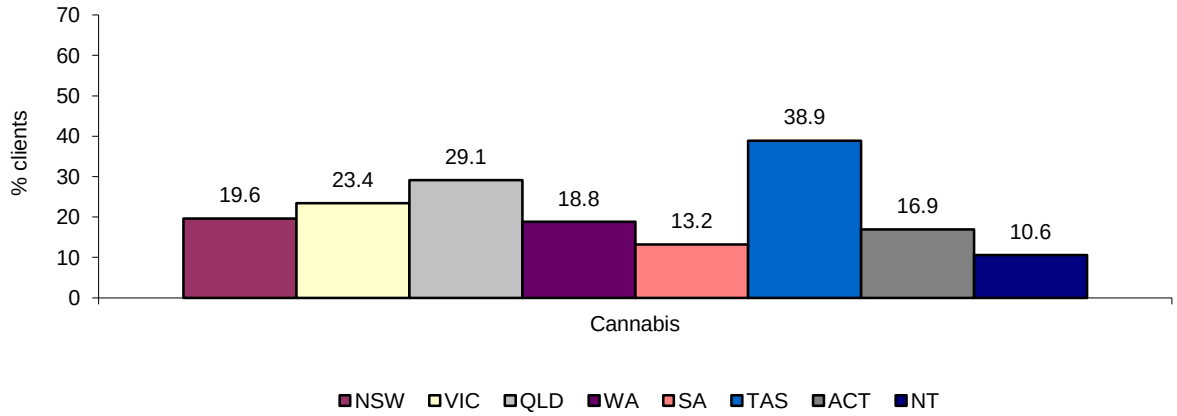
6.3.5 GHB

No specific data were available for 2010/11. As with ketamine, treatment-seeking for problems associated with GHB use is relatively uncommon.

6.3.6 Cannabis

Cannabis was the second most common principal drug of concern in 2010–11, accounting for over 1 in 5 treatment episodes (22% or 31,800 episodes). About 3 in 5 episodes with cannabis as the principal drug of concern (57%) included at least one other drug of concern. This other drug of concern was most likely to be alcohol (37%) although nicotine and amphetamines were also relatively common (21% and 18%, respectively). Self-referral was the most common source of referral for episodes with cannabis as the principal drug of concern (29% of episodes). This was less than the proportion of self referral for all episodes (36%). Referrals from court diversion were also relatively common for episodes with cannabis as the principal drug of concern (20% of episodes compared with 13% for all drugs of concern. Alcohol and cannabis both accounted for 39% of episodes in Tasmania (Figure 44). This was lower than the national proportion for alcohol (47%) and higher than the national proportion for cannabis (22%).

Figure 43: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2010/11



Source: AODTS-NMDS
Note: Excludes closed treatment episodes for clients seeking treatment for the drug use of others.

6.4 Other self-reported problems associated with ERD use

6.4.1 Self-reported drug related problems

Participants in 2012 were asked about a range of other problems associated with their drug use. Participants were asked if, in the past six months, their drug use had caused repeated problems with family, friends or people at work or school; if they had any recurrent drug-related legal problems; if they had recurrently found themselves in situations where they were under the influence of any drug and someone (themselves or another person) could have been hurt or put at risk; or if their drug use had recurrently interfered with their responsibilities at home, work or school. Table 98 presents the proportion experiencing these problem and Table 99 the main drugs responsible.

Table 98: Self-reported drug-related problems, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(%)	2011 N=530	2012 N=601	n=100	n=49	n=100	n=100	n=92	n=90	n=12	n=58
Drugs caused repeated problems with family, friends or colleagues	28	**25**	33	18	22	19	24	27	42	29
Had recurrent drug-related legal problems last six months	7	**6**	6	6	3	3	7	9	8	8
Recurrently found self in at-risk situations when under influence	44	**36**	30	48	27	21	42	47	42	50
Drugs recurrently interfered with responsibilities at home/work/school	38	**39**	46	32	49	33	42	32	33	40

Source: EDRS interviews

Participants that self-reported a drug related issue/problem were asked which main drug they attributed to the issue. For repeated social problems, recurrent legal problems and interference with responsibilities at home and work participants identified alcohol and cannabis. For issues related to repeat at risk situations, alcohol and ecstasy were the main drugs reported to contribute to these issues.

Table 99: Main drug attributed to self-reported problem, 2012

(%)	Drugs caused repeated problems with family, friends or colleagues		Had recurrent drug-related legal problems last six months		Recurrently found self in at-risk situations when under influence		Drugs recurrently interfered with responsibilities at home/work/school	
	2011 N=146	2012 N=150	2011 N=35	2012 N=35	2011 N=231	2012 N=217	2011 N=198	2012 N=234
Alcohol	32	**31**	40	**49**	61	**60**	36	**36**
Ecstasy	14	**12**	9	**0**	14	**14**	16	**18**
Speed	7	**4**	3	**0**	6	**2**	4	**1**
Ice/crystal	7	**10**	3	**11**	6	**5**	5	**8**
Cannabis	28	**31**	26	**29**	3	**12**	31	**31**
Other	4	**11**	4	**11**	0	**15**	0	**7**

Source: EDRS interviews

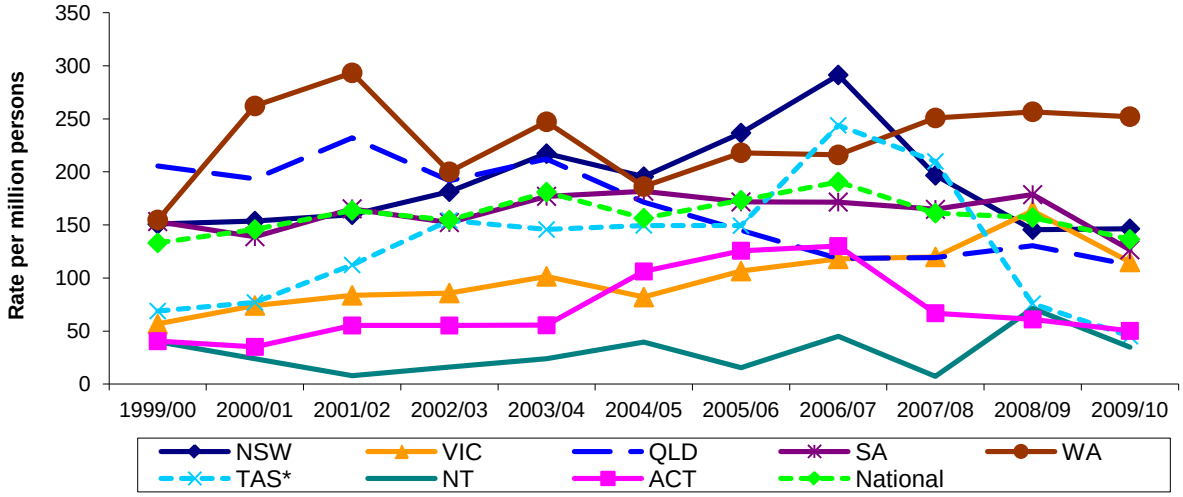
6.5 Hospital admissions

Please note: Data for 2010/11 was not available at the time of print. Please see PDF on NDARC website for updated data.

6.5.1 Methamphetamine

Figure 45 shows the number of inpatient hospital admissions per million persons, since 1999/00, with a principal diagnosis relating to amphetamines among persons aged 15-54 years. Figures have steadily increased at a national level since 1999/00, peaking at 180 per million persons in 2003/04 and again at 191 in 2006/07. These admissions have stabilised over the past five years. WA recorded the highest number of amphetamine-related hospital admissions in 2008/09 at 257 admissions per million persons. NSW and TAS reported a decrease in amphetamine-related hospital admissions in 2008/09.

Figure 44: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2009/10



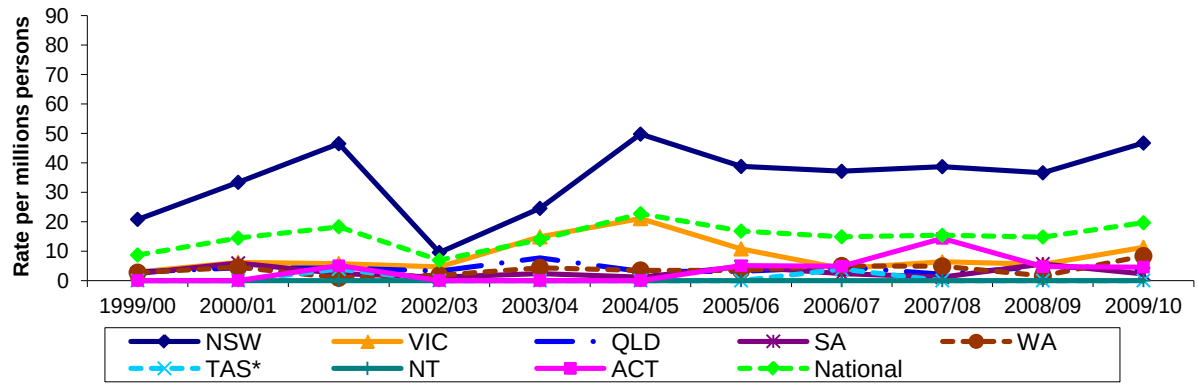
Source: AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments (Roxburgh and Burns, in press-b)

* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit

6.5.2 Cocaine

Figure 46 shows the number of inpatient hospital admissions per million persons with a principal diagnosis relating to cocaine. These figures have fluctuated at a national level over the nine-year period, ranging from seven admissions per million persons in 2002/03 to 23 admissions per million persons in 2004/05. In 2008/09, the number of cocaine-related hospital admissions was 15 per million persons. It should be noted, however, that relative to opioids and amphetamines, these figures are small. NSW has consistently had the highest number of cocaine-related hospital admissions, which reached a peak of 49 admissions per million persons in 2004/05. In 2008/09, NSW recorded 36 cocaine-related admissions per million persons. Figures were relatively lower in all other jurisdictions.

Figure 45: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2009/10

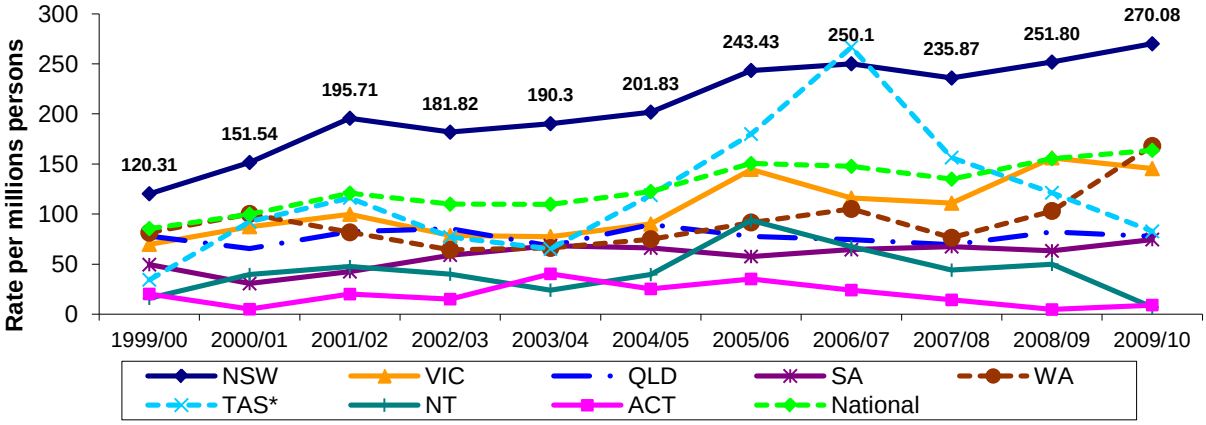


Source: AIHW; ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments (Roxburgh and Burns, in press-b)

6.5.3 Cannabis

Figure 47 shows the number of inpatient hospital admissions per million persons (among those aged 15-54 years) with a principal diagnosis related to cannabis. At a national level, these figures have steadily increased over the nine-year period from 85 admissions per million persons in 1999/00 to 155 per million persons in 2008/09. NSW recorded the highest number of admissions per million persons among people aged 15-54 years in 2008/09 (252 admissions per million persons).

Figure 46: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2009/10



Source: AIHW; ACT, NSW, NT, QLD, SA, NSW, VIC and WA Health Departments (Roxburgh and Burns, in press-b)
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit

6.6 Mental and physical health problems

6.6.1 Mental health problems and psychological distress (K10)

The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)/the Structured Clinical Interview for DSM disorders (Kessler et al., 2002, SCID; Andrews and Slade, 2001).

The minimum score was 10 (indicating no distress) and the maximum was 48 (indicating very high psychological distress). Among participants who completed the full scale (n=605), the mean score was 19.3 (SD=6.71). Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem (Andrews and Slade, 2001, Furukawa et al., 2003), and work conducted at the Clinical Research Unit For Anxiety Disorders (CRUFAD) found that those scoring 30 or more have 10 times the population risk of meeting criteria for an anxiety or depressive disorder[11].

The 2010 NDSHS (Australian Institute of Health and Welfare, 2011b) provided the most recent Australian population norms available for the K10, and used four categories to describe degree of distress: scores from 10-15 were considered to be low; 16-21 as moderate; 22-29 as high; and 30-50 as very high. Using these categories, a similar proportion of EDRS participants reporting very high distress were similar to those in the NDSHS (Table 100).

Table 100: K10 scores, (method used in ABS National Health Survey), 2012

(%)	NDSHS			EDRS							
K10 category	**National AIHW**	**National 2011 N=573**	**National 2012 N=605**	**NSW n=100**	**ACT n=50**	**VIC n=100**	**TAS n=100**	**SA n=92**	**WA n=89**	**NT n=12**	**QLD n=62**
reporting no or low distress (score 10-15)	**70**	36	**32**	30	30	25	33	37	40	50	26
reporting moderate distress (score 16-21)	**21**	34	**38**	35	38	45	34	36	40	25	37
reporting high distress (score 22-29)	**7**	22	**22**	24	24	20	28	20	18	17	23
reporting very high distress (score 30-50)	**2**	9	**8**	11	8	10	5	8	1	8	15

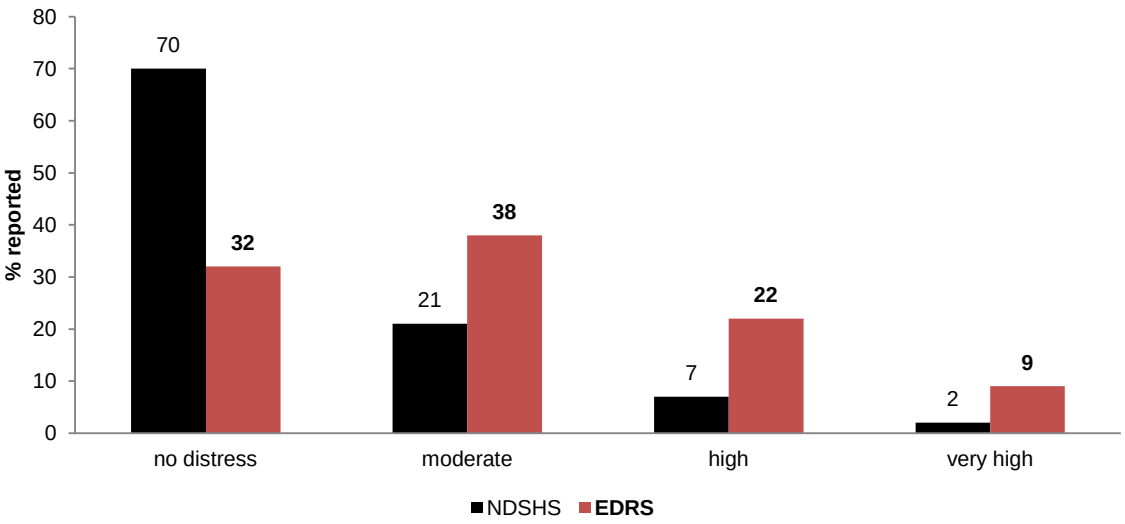
Source: EDRS interviews; (AIHW, 2011B)

Note: The extent to which cut-offs derived from population samples can be applied to the REU population is yet to be established and, therefore, these findings should be taken as a guide only

[11] See www.crufad.unsw.edu.au/k10/k10info.htm for details.

As is evident (Figure 48), the proportion of the REU sample in the moderate, high and very high distress categories is greater than that of the general population.

Figure 47: Proportion of population (ABS National Health Survey) and EDRS sample of K10 categories, 2012



Source: EDRS interviews; (Australian Institute of Health and Welfare, 2011b)
Note: The extent to which cut-offs derived from population samples can be applied to the REU population is yet to be established and therefore these findings should be taken as a guide only

6.7.2 Self-reported mental problems and medication

Almost one-third (32%) of national participants reported experiencing a mental health problem in the six months preceding interview. Of these, the primary issue of concern was depression (61%), followed by anxiety (57%) and paranoia (13%). For jurisdictional breakdowns, see Table 101. Other mental health problems reported, but not listed due to small numbers, included phobias, mania and any personality disorders.

Table 101: Self reported mental health problem in the last six months, 2012

(%)	National		NSW n=100	ACT n=50	VIC n=100	TAS n=99	SA n=92	WA n=90	NT n=12	QLD n=62
	2011 N=571	2012 N=605								
Experienced a mental health problem	31	**32**	30	42	32	34	26	28	25	36
Of those that had mental health problem	N=174	**N=191**	n=30	n=21	n=32	n=34	n=24	n=25	n=3^	n=22
Depression	71	**61**	53	71	72	50	58	56	67	68
Anxiety	56	**57**	47	57	56	71	54	60	67	46
Paranoia	17	**13**	3	5	3	32	13	8	33	18
Panic	14	**8**	7	5	6	15	4	0	33	14
OCD	3	**2**	0	0	3	0	0	0	0	9
Manic-depression/Bipolar disorder	9	**6**	7	5	6	3	8	4	33	9
Drug induced psychosis	6	**4**	0	5	3	3	0	4	0	14
Schizophrenia	3	**3**	0	5	3	3	0	0	0	9

Source: EDRS interviews

Participants that reported experiencing a mental health problem were also asked whether they had visited a mental health professional for a mental health problem in the last six months to which 64% participants reported doing so. Of these, 60% had medication prescribed, primarily antidepressants (64%; Table 103). The most common antidepressants prescribed were: Lexapro (22%) and Zoloft (17%). Antipsychotics were the least commonly prescribed medication to this sample (20%). The most common antipsychotics prescribed to participants were Seroquel (47%) and Zyprexa (35%). The most common benzodiazepines reportedly prescribed to participants were: Valium (37%) and Xanax (26%, Table 102).

Table 102: Mental health assistance and medication, 2011-2012

(%)	National	
	2011 N=173	2012 N=191
Attend a mental health professional	61	**64**
Had medication prescribed*	N=105 67	**N=138** **60**
Antidepressants#	64	**64**
Antipsychotics#	20	**26**
Benzodiazepines#	47	**54**

Source: EDRS interviews
* Of those who attended a mental health professional
# Of those who were prescribed medication

7 RISK BEHAVIOUR

- Sixteen percent of the national sample reported having **injected** at some time in their lives; 43% of those reported injecting in the six months preceding interview. The mean age of first injection was 21 years of age. Among those who had injected in the preceding six months, the last drug injected was ice/crystal (31%) which differed from 2011 in which it was heroin.
- Syringes were typically obtained from a Needle and Syringe Program (NSP) (55%). Of those who had injected in the preceding six very few respondents reported using a needle after someone else in the month preceding interview.
- Fifty-eight percent of the national sample reported they had completed the **vaccination** schedule for hepatitis B virus, the most common reason for the vaccination was being vaccinated as a child.
- Two-thirds (66%) of participants reported penetrative sex in the six months preceding interview with at least one **casual partner**. A large majority of those had casual sex last time under the influence of mostly alcohol, ecstasy and cannabis. Over half had used protection on this occasion.
- Just over three-quarters (76%) had **driven a car** in the last six months, 70% of those had reported having been over the legal limit, and 58% had driven shortly after taking an illicit drug on a median of six occasions. The most commonly reported illicit drugs after which these participants had driven were cannabis and ecstasy. A small number reported positive notifications were from being saliva drug tested.
- Eighty-three percent of the national sample obtained eight or more; these are levels at which alcohol intake may be considered hazardous.

7.1 Injecting risk behaviour

As in previous years, the EDRS asked participants about injecting and associated risk behaviours. Previous research has shown that REU who had ever injected a drug were significantly older, more likely to be unemployed and have a prison history, while participants who had completed high school and those who identified as heterosexual were less likely to have injected. Participants in the EDRS have been found to be demographically different to other samples of people who inject drugs (White et al., 2006).

In the 2012 EDRS, 16% of the national sample reported having injected at some time in their lives and, of those, 43% (n=55) reported injecting in the six months preceding interview (Table 103).

Table 103: Injecting risk behaviour among EDRS participants, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=571	2012 N=607	n=100	n=51	n=101	n=100	n=93	n=90	n=12	n=62
Ever injected	19	**16**	20	28	13	12	7	10	33	30
Mean age first injected any drug (SD)*	20 (4.4)	**21 (5.7)**	23 (7.2)	20 (3.1)	21 (3.9)	20 (4.2)	18 (2.3)	19 (1.7)	25 (8.3)	21 (7.7)
Injected last six months*	63	**43**	68	83	58	67	83	67	0	16

Source: EDRS interviews
*Among those who had injected
^ Small numbers interpret with caution
Note: Means have been rounded to whole numbers

6.1.3 Recent injectors

Participants who had injected in the last six months reported injecting a median of 20 times in that time (range=12-288 times). Ice/crystal was the most commonly last injected drug in the preceding six months, followed by heroin. Other drugs reported in small numbers (n<5) included other opiates MDA (Table 104).

Fifty-eight percent of recent injectors had injected under the influence of ERD in the past six months, 24% had injected while coming down, and 15% had injected while they were under the influence and 20% had injected both while under the influence and while coming down during that time.

Table 104: Recent injecting drug use patterns among those who had recently injected, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=69	2012 N=69	n=13	n=10	n=7^	n=6^	n=5^	n=6^	n=0	n=8^
Median number of times injected last 6 months (range)	20 (1-360)	**12 (1-288)**	12 (1-288)	37 (1-150)	72 (1-105)	8 (1-35)	12 (3-72)	13 (1-24)	- -	117 (1-180)
Last drug injected	n=43	**n=55**								
Ice/Crystal	17	**31**	17	30	14	33	0	50	0	25
Heroin	35	**26**	46	40	29	0	40	0	0	0
Speed	23	**15**	0	30	29	0	40	17	0	0
Other opiates	6	**9**	8	0	0	17	20	33	0	0
Ecstasy	2	**7**	0	0	14	0	0	0	0	38
Base	5	**2**	0	0	0	17	0	0	0	0
Cocaine	0	**2**	0	0	14	0	0	0	0	0
Pharmaceutical stimulants	0	**2**	0	0	0	17	0	0	0	0
Other	6	**7**	0	0	0	17	0	0	0	38
Injected while under influence/ coming down*										
Neither	37	**41**	31	40	29	50	20	67	0	57
Under the influence	16	**15**	8	30	14	17	40	0	0	0
Coming down	25	**24**	46	30	0	0	20	17	0	29
Both	21	**20**	15	0	57	33	20	17	0	14
Median number of times injected while under influence/coming down (range)**	N=41 6 (0-180)	**N=32 4 (0-173)**	6^ (1-70)	6.5^ (1-72)	10^ (1-90)	3^ (1-5)	4^ (3-5)	1.5^ (1-2)	n.a	100^ (2-173)

Source: EDRS interviews
* Of those who had injected each drug in the preceding six months
** Of those who had injected whilst under the influence and/or coming down
^ Small numbers; interpret with caution

7.1.1.1 Context of injecting

The majority of participants obtained their needles for injecting from an NSP or from a pharmacy or chemist. Hospital increased as a venue for obtaining needles. Small numbers reported obtaining needles from friends partner and friends.

The majority of participants who had injected usually did so in the presence of others, typically close friends and/or a regular sex partner. The majority of those who had recently injected reported having injected at home or at a friend's home, although public locations such as in a car, on the street or in a public toilet were also reported (Table 106). Comparisons across jurisdictions should be made with a degree of caution due to small numbers commenting in many states/territories.

7.1.1.2 Sharing of needles/syringes and other injecting equipment

Of those who injected in the preceding six months (n=55), four respondents reported the practice of using a needle once and twice after another person in the month preceding interview. When asked how many people had used the needle before the respondent, one respondent answered two people, one respondent answered between 3-5 people and one respondent answered between 6-10 people. When asked who these people were, regular casual sex partner and close friends were the responses given. And of those that reported injecting in a social situation as opposed to alone, which is common for injectors in this study, most injecting participants reported doing so with close friends (53%) present or regular sex partner (26%), smaller numbers reported doing so with acquaintances (13%) or casual sex partners (6%).

Sharing of other injecting equipment in the preceding month was reported by 26% of recent (past six months) injectors. Of those who reported sharing any equipment, 27% reported sharing spoons and mixes, 18% reported sharing tourniquets, 15% shared filters, 14% shared water, and one participant shared swabs (Table 105).

Table 105: Context and patterns of recent (last six months) injection, 2012

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=69	2012 N=55	n=8^	n=5^	n=17	n=10	n=5^	n=7^	n=1^	n=16
Needle sources										
NSP	**71**	**55**	62	70	71	33	60	0	0	63
Chemist	**30**	**35**	31	10	29	33	40	100	0	25
Friend	**19**	**16**	31	10	0	33	0	0	0	25
Hospital	**0**	**15**	0	20	14	17	0	0	0	50
Vending machines	**7**	**11**	31	20	0	0	0	0	0	0
Outreach program	**0**	**6**	15	10	0	0	0	0	0	0
Dealer	**3**	**2**	8	0	0	0	0	0	0	0
Partner	**4**	**2**	8	0	0	0	0	0	0	0
People usually inject with*		**N=53**								
Close friends	**46**	**53**	39	60	43	100	60	60	0	29
Regular sex partner	**19**	**26**	31	10	0	17	60	20	0	57
Acquaintances	**13**	**13**	23	10	0	17	0	20	0	14
No one	**21**	**15**	15	20	43	0	0	0	0	14
Casual sex partner	**2**	**6**	15	0	14	0	0	0	0	0
Locations injected last 6 months*		**N=54**	n=13	n=10	n=7^	n=6^	n=5^	n=6^	n=0	n=7^
Own home	**60**	**56**	46	60	57	17	40	67	-	100
Friend's home	**26**	**27**	23	10	29	67	60	33	-	0
Dealer's home	**2**	**6**	15	10	0	0	0	0	-	0
Street/park/bench	**0**	**2**	8	0	0	0	0	0	-	0
Public toilet/Venue toilet	**4**	**2**	0	0	0	17	0	0	-	0
Other	**72**	**7**	8	20	14	0	0	0	-	0

Source: EDRS interviews
* Multiple responses allowed ^ Small numbers; interpret with caution

7.1.2 Injecting drug use in the general population

It has been estimated that a very low proportion of the Australian general population aged 14 years and over have ever injected or recently injected drugs. In 2010, 1.8% of the population had ever injected a drug, with 0.4% (74, 000 people) having injected a drug in the past year. Those in the 20-29 year and 30-39 year age group had a higher proportion of both lifetime and past-year injecting drug use (Australian Institute of Health and Welfare, 2011a).

Another recent prevalence estimate of injecting in Australia in 15-64 year olds is 1.09% (range =0.65%-1.50%) which equates to approximately 149,591 persons (range =89,253 - 204,564) (Mathers et al., 2008).

7.2 Blood-borne viral infections (BBVI)

Twenty-five percent of the national sample reported that they have never been vaccinated for hepatitis B virus (HBV), 51% reported that they had completed the vaccination schedule and 7% did not finish the vaccination schedule. Reasons for seeking HBV vaccination included being vaccinated as a child (45%), going overseas (25%), for work (8%), at risk due to injecting drug use (2%) and at risk due to sexual practices (2%,Table 106).

Participants were asked if they had been tested for hepatitis C virus (HCV). Of the national sample, 52% reported that they had never been tested for HCV, while 25% had been tested in the last year and 15% were tested more than a year ago. Three percent of those tested reported positive diagnoses of HCV (Table 106).

Participants were asked if they had been tested for human immunodeficiency virus (HIV). Of the national sample, 53% had never been tested for HIV, 29% had been tested in the past year and 16% had been tested more than one year ago. One percent reported that they were HIV positive (Table 106).

Thirty-five percent had never had a sexual health check-up (Table 106). Forty-two percent of the sample reported having a sexual health check-up (such as a swab, urine, or other blood test) in the past year, while 22% reported having had their last sexual health check-up more than one year ago.

Ten percent reported having been diagnosed with a sexually transmitted infection in their lifetime to which Chlamydia was the most common diagnosis.

Table 106: Blood borne virus vaccination and testing among REU, 2012

(%)	National 2011 N=574	National 2011 N=607	NSW n=100	ACT n=51	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Vaccinated for Hepatitis B	N=564	**N=595**	n=99	n=50	n=100	n=100	n=91	n=89	n=12	n=54
No	27	**25**	29	16	26	21	18	35	25	22
Yes, didn't complete	7	**7**	12	16	2	5	3	2	17	9
Yes, completed	46	**51**	50	54	57	59	55	36	33	46
Don't know	19	**18**	9	14	15	15	24	27	25	22
Main reason for Hepatitis B vaccination	N=299	**N=340**	n=61	n=35	n=59	n=64	n=53	n=33	n=5^	n=30
At risk (injector)	3	**2**	3	3	2	2	2	0	0	3
At risk (sexual)	4	**2**	2	0	3	2	2	0	0	3
Going overseas	31	**25**	38	20	29	27	15	15	40	17
Vaccinated as a child	46	**45**	18	54	54	52	62	52	20	27
Work	9	**8**	8	9	5	6	4	18	0	17
Don't know/can't remember	2	**6**	2	6	0	9	2	12	0	17
Other	6	**12**	30	9	7	3	13	3	40	17
Tested for Hepatitis C	n=563	**N=595**	n=99	n=53	n=100	n=100	n=91	n=89	n=12	n=54
No	43	**52**	60	32	53	59	57	51	17	44
Yes, in last year	30	**25**	19	50	27	13	26	24	42	28
Yes, > year ago	17	**15**	15	12	16	22	14	10	17	13
Don't know/didn't get result	11	**8**	6	6	4	6	2	16	25	15
Hepatitis C positive **	6	**3**	9	5	0	0	1	2	8	5
Tested for HIV	n=565	**n=595**	n=99	n=50	n=100	n=100	n=91	n=89	n=12	n=54
No	46	**53**	60	34	56	61	53	55	25	41
Yes, in last year	34	**29**	20	48	30	16	32	29	42	39
Yes, > year ago	17	**16**	19	16	11	19	14	15	33	19
Don't know/didn't get result	3	**2**	1	2	3	4	1	1	0	2
HIV positive[#]	1	**1**	5	0	0	0	0	0	0	0
Other sexual health checkups	n=567	**n=593**	n=99	n=50	n=99	n=100	n=91	n=89	n=12	n=53
No	33	**35**	41	30	49	28	45	24	17	26
Yes, in last year	48	**42**	42	54	36	43	41	45	42	40
Yes, > year ago	20	**22**	16	16	13	29	14	32	42	34
Don't know/didn't get result	<1	**<1**	0	0	2	0	0	0	0	0
Sexually transmitted infection (STI)	N=552	**n=588**	n=97	n=48	n=99	n=99	n=90	n=89	n=12	n=54
positive in past year	4	**5**	4	4	4	5	8	7	17	4
positive more than one year ago	12	**10**	7	13	5	16	6	14	8	15
STI diagnosis[##]	n=86	**n=91**								
Chlamydia	70	**73**	55	71	78	91	83	61	67	60
Gonorrhoea	13	**11**	36	0	11	5	0	6	67	10
Syphillis	1	**2**	18	0	0	0	0	0	0	0
HPV (genital warts)	14	**8**	9	0	0	5	8	22	0	0
Other	12	**7**	0	14	11	5	0	0	0	30

Source: EDRS participant interviews, 2012

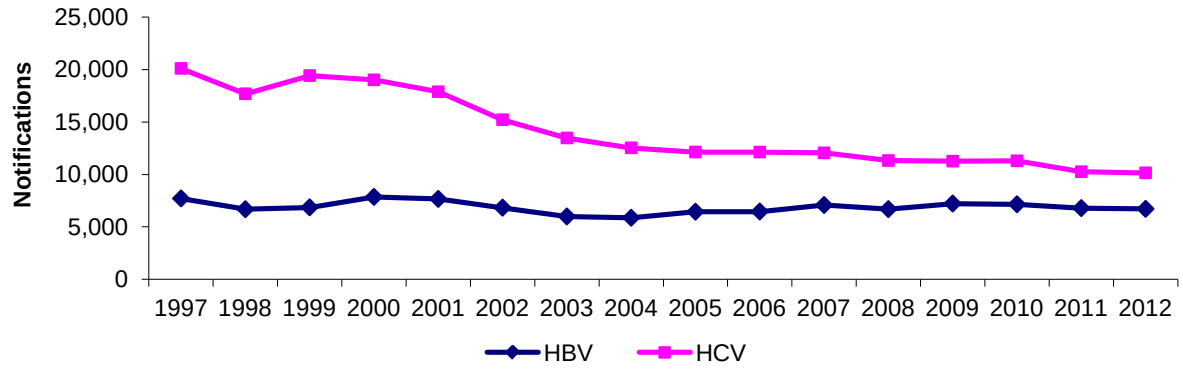
^caution small numbers n<10 * among those who had been vaccinated for Hepatitis B

** among those tested for hepatitis C [#] among those tested for HIV [##] among those who tested positive for STI in the last year

7.2.1 The National Notifiable Diseases Surveillance System

Figure 49 presents the total number of notifications for HBV and HCV in Australia from the Communicable Diseases Network – National Notifiable Diseases Surveillance System (NNDSS). Incident or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. In 2012, the number of HBV and HCV notifications recorded was slightly lower than in 2011 (HBV: 6,782 in 2011 and 6,709 in 2012 and HCV 10,254 in 2011 and 10,151 in 2012). HCV continued to be more commonly notified than HBV.

Figure 48: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2012



Source: Communicable Diseases Network – NNDSS date accessed: 26th March, 2013

Note: Figures are updated on an ongoing basis

Notes on interpretation: The quality and completeness of data compiled in the National Notifiable Diseases Surveillance System are influenced by various factors. Notifications may be required from treating clinicians, diagnostic laboratories or hospitals. In addition, the mechanism of notification varies between States and Territories and in some cases different diseases are notifiable by different mechanisms. The proportion of cases seen by health care providers which are the subject of notification to health authorities is not known with certainty for any disease, and may vary among diseases, between jurisdictions and over time

7.3 Sexual risk behaviour

7.3.1 Recent sexual activity

Two-thirds (66%) of the national sample reported having casual sex with at least one casual partner in the six months preceding interview. Penetrative sex was defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the questionnaire. Fifteen percent reported having one casual partner, and 52% reported having more than one partner (range: 2 to more than 10 partners, Table 107).

Participants were asked if they had used a barrier for safe sex during their last sexual encounter that was sober to which 37% (of n=394) reported that they had not. Ten percent reported that this response was not applicable as they had not had sex with a casual partner sober. Response options reported for not using a barrier on this occasion included using the contraceptive pill (26%), 'I did not wish to use it' (23%), 'We agreed not to' (20%), 'It was not mentioned' (15%), lack of availability (5%), 'my partner did not wish to use' (3%), and 'other' (9%). Other responses were themed around having had previous sexual contact with that partner and having use of cervical contraception implants. Whilst it appears that the message regarding contraception due to unwanted pregnancy has reached this group, messages around the transmission of STIs is yet to reach this group as many regard the oral contraceptive pill as sufficient protection.

Table 107: **Prevalence of sexual activity and number of sexual partners in the preceding six months, 2012**

(%)	National 2011	National 2012	NSW n=100	ACT n=51	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=61
No. casual sexual partners	(N=571)	**(N=597)**	(n=100)	(n=50)	(n=100)	(n=100)	(n=92)	(n=90)	(n=12)	(n=53)
No casual partner	32	**34**	29	32	31	40	36	32	50	30
1 person	17	**15**	19	18	16	7	11	10	17	28
2 people	15	**17**	17	24	14	13	20	21	8	13
3-5 people	24	**23**	24	16	25	29	23	22	8	21
6-10 people	8	**7**	7	8	7	7	5	10	17	4
10 or more	4	**5**	4	2	7	4	5	4	0	4
Use of protection during sex with casual partner when sober	(N=384)	**(N=394)**	(n=70)	(n=34)	(n=69)	(n=60)	(n=59)	(n=60)	(n=6^)	(n=36)
Yes	60	**54**	53	53	57	60	56	40	33	64
No	36	**37**	34	38	36	32	37	48	33	31
Not applicable	5	**10**		9	7	8	9	12	33	6

Source: EDRS interviews
* Of those who had a casual partner

7.3.2 Drug use during sex

The majority (92%) of those reporting recent penetrative sex with a casual partner reported using drugs during sex in the previous six months (Table 108). Most participants reported that drug use during sex with a casual partner had occurred between three and five times (30%) and 11 or more times (25%) in the preceding six months.

The most commonly used drugs used during sex were ecstasy (55%), alcohol (53%) and cannabis (40%), a slight variation from last year where alcohol was the most used drug in this context. Other drugs nominated can be seen in Table 108.

Participants were asked if they had used a barrier for safe sex during their last sexual encounter that was under the influence of drugs and/or alcohol which 54% (of n=362) reported that they had not. Response options reported for not using a barrier on this occasion included: 'It was not mentioned' (22%), 'I did not wish to use it' (18%), 'Using the pill (18%), ' We agreed not to (13%)', 'We were too intoxicated' (10%), 'my partner did not wish to use' (7%), lack of availability (9%), 'My partner did not wish to (3%)', and 'other' (7%). 'Other' responses were themed around knowing the person, being pregnant, and having other forms of contraception such as implanon or cervical implant.

Table 108: Drug use during sex with a casual partner in the preceding six months, 2012

(%)	National 2011 N=390	National 2012 N=397	NSW n=71	ACT n=34	VIC n=69	TAS n=60	SA n=59	WA n=61	NT n=6^	QLD n=37
Penetrative sex with casual partner while on drugs *	93	**92**	92	88	94	97	85	97	67	92
No. times had sex while on drugs with casual partner	N=358	**N=362**	n=64	n=30	n=65	n=58	n=50	n=57	n=4^	n=34
Once	7	**12**	14	17	12	5	10	9	0	21
Twice	17	**16**	16	7	23	17	6	16	0	21
3-5 times	31	**30**	30	23	25	38	34	32	75	21
6-10 times	16	**18**	19	27	19	21	22	12	0	12
Eleven +	30	**25**	22	27	22	19	28	32	25	27
Drug used last time**	N=361	**N=365**	n=65	n=30	n=65	n=58	n=50	n=59	n=4^	n=34
Ecstasy	46	**55**	55	63	37	55	60	46	100	68
Alcohol	83	**53**	48	37	74	64	54	54	75	18
Cannabis	45	**40**	43	47	29	41	42	37	50	50
Speed	14	**9**	6	23	9	14	0	3	0	18
Ice/Crystal	9	**12**	9	10	19	3	6	19	0	24
Cocaine	12	**9**	17	10	9	2	10	3	25	9
Base	4	**<1**	0	0	0	0	4	0	0	3
LSD	8	**3**	3	3	2	7	0	3	0	0
Ketamine	2	**1**	5	0	2	2	0	0	0	0
Amyl nitrite	2	**2**	6	7	0	2	2	0	0	2
Nitrous oxide	2	**1**	0	0	2	0	4	0	0	3
GHB	1	**2**	5	0	2	2	0	0	0	0
Other	n.a									
Use of protection during sex with casual partner under influence of drugs last time**	N=204	**N=362**	n=64	n=30	n=65	n=58	n=50	n=57	n=4^	n=34
Yes	57	**54**	55	53	57	50	66	42	50	56
No	43	**46**	45	47	43	50	34	58	50	44

Source: EDRS interviews
* Of those who had a casual partner
** Among those who had a casual partner while under the influence of a drug

7.4 Driving risk behaviour

Participants were asked a series of questions regarding driving under the influence of alcohol and other drugs. Seventy-six percent of the national sample reported having driven a car in the six months preceding interview. Of these, 57% had driven under the influence of alcohol and 70% had driven while over the limit of alcohol (Table 109). Of those who had driven, whilst over the limit of alcohol, 65% had a full licence, 24% had a provisional licence, 8% had no licence and 3% had a learners permit.

Table 109: REU reports of alcohol driving risk behaviour in the last six months, 2012

(%)	National	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011 N=574	**2012 N=599**	**n=100**	**n=50**	**n=100**	**n=99**	**n=92**	**n=90**	**n=12**	**n=56**
Driven a vehicle in the last six months	75	**76**	65	76	70	76	84	91	83	71
Driven under influence of alcohol#	n=429 64	**n=457 57**	n=65 35	n=38 50	n=70 54	n=75 77	n=77 57	n=82 59	n=7^ 70	n=40 60
Driven while over the limit of alcohol#	n=275 67	**n=261 70**	n=23 65	n=19 63	n=38 42	n=58 60	n=44 82	n=48 90	n=7^ 86	n=24 83
Median number of times driven over limit of alcohol## (n; range)	3 (1-90)	**2 (1-50)**	2 (1-50)	2 (1-25)	2 (1-40)	2 (1-14)	2 (1-20)	3 (1-25)	2 (1-10)	2 (1-10)

Source: EDRS interviews
Of those who had driven a vehicle in the last six months
Of those who had driven over the limit of alcohol in the last six months

Experiences of RBT and roadside drug driving testing in the preceding six months were also recorded. Almost half of those who had driven a car in the last six months had been required to perform a RBT during that time. Of those, 9% had been found to be over the legal alcohol limit (Table 110).

Table 110: Random breath testing among those who had driven in the preceding six months, 2012

(%)	National 2011 N=415	National 2012 N=454	NSW n=65	ACT n=37	VIC n=69	TAS n=75	SA n=77	WA n=82	NT n=10	QLD n=39
Random breath tested (RBT) last six months*	45	**43**	43	57	38	40	42	42	60	49
RBT positive result over the legal alcohol limit†	5	**N=195 9**	4	5	12	10	3	21	17	5

Source: EDRS interviews
* Among those who had driven a car in the last six months † Among those who had been random breath tested Participants may not necessarily have been under the influence of alcohol when they were random breath

Over half (58%) of those who had driven in the previous six months had driven after taking an illicit drug and had done so on a median of six occasions in the preceding six months (range=1-180 times); this was reported to have occurred most in NSW and SA. Cannabis and ecstasy were the drugs most frequently nominated as having been consumed prior to driving a car in the preceding six months; such findings are likely, at least in part, to reflect

the relative prevalence of use of these drugs amongst this group (Table 111). Cannabis was the drug most reported to have been used last time this action occurred (Table 112).

Table 111: REU reports of drug driving risk behaviour in the last six months, 2012

(%)	National 2011	National 2012	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=429	N=457	n=65	n=38	n=70	n=75	n=77	n=82	n=10	n=40
Driven soon after taking an illicit drug*	59	**58**	79	79	57	47	56	55	60	65
Median number of times driven after taking an illicit drug (n; range)**	6 (1-180)	**6 (1-180)**	3 (1-120)	8 (1-180)	5.5 (1-180)	30 (1-180)	5.5 (1-180)	3 (1-180)	4.5 (2-20)	17.5 (1-180)
All drugs used in last 6 months**	(n=253)	**(n=263)**	(n=38)	(n=30)	(n=40)	(n=35)	(n=43)	(n=45)	(n=6^)	(n=26)
Ecstasy	47	**49**	40	60	33	51	56	44	50	65
Cannabis	71	**72**	74	77	58	83	72	64	50	85
Speed	19	**16**	3	20	20	46	9	0	33	23
Ice/crystal	11	**17**	11	7	48	3	14	24	0	8
Cocaine	9	**6**	11	10	10	9	2	2	0	0
LSD	9	**8**	11	10	3	11	0	7	17	15
Mushrooms	6	**4**	0	13	0	3	5	4	0	4
Heroin	5	**2**	5	3	3	0	0	0	0	0
Benzodiazepines	5	**2**	3	3	5	0	2	2	0	0

Source: EDRS interviews
* Among those who had driven a car in the last six months
** Of those that had driven soon after taking an illicit drug

Table 112: REU reports of drug driving risk behaviour last time in the last six months, 2012

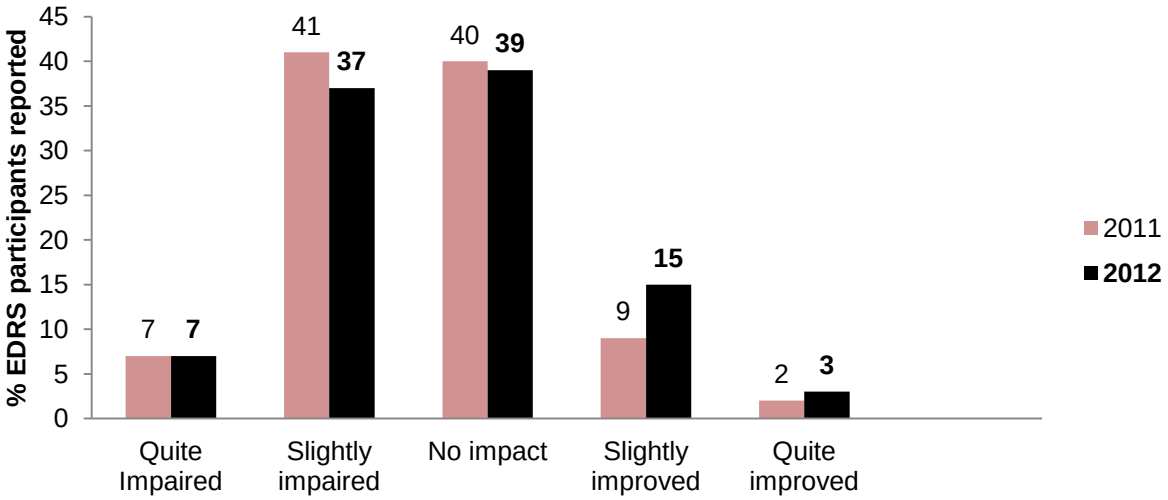
(%)	National 2011 N=253	National 2012 N=263	NSW n=38	ACT n=30	VIC n=40	TAS n=35	SA n=43	WA n=45	NT n=6^	QLD n=26
Drugs used last time**	25	**27**	18	33	23	11	33	29	33	42
Ecstasy	63	**65**	74	70	45	80	63	56	50	77
Cannabis	10	**7**	0	17	8	11	5	0	17	8
Speed	6	**8**	8	3	20	3	2	13	0	4
Ice/crystal	4	**3**	8	7	3	3	0	0	0	0
Cocaine	3	**2**	5	3	0	6	0	0	0	0
LSD	2	**1**	0	3	0	0	2	0	0	4
Mushrooms	4	**2**	5	3	3	0	0	0	0	0
Heroin	2	**<1**	0	3	0	0	0	0	0	0
Benzodiazepines										

Source: EDRS interviews
* Of those who had driven a vehicle in the last six months

Participants who had driven under the influence of illicit drugs in the past six months were asked to indicate how impaired they felt their driving had been on the last occasion that they had engaged in this behaviour. The majority of those who commented thought that it had no

impact (39%) or that they had been slightly impaired (37%) on their driving ability (Figure 50). This trend has been relatively consistent over time.

Figure 49: Perceived impairment on driving ability last time after taking illicit drugs, 2011-2012



Source: EDRS interviews

Thirteen percent (n=56) of those who had driven a vehicle in the past six months had been saliva drug tested at some stage in their lifetime. Four participants reported positive results from being tested for driving under the influence of illicit drugs, which was for cannabis and amphetamines. Sixteen percent of participants (n=9) reported recent drug saliva testing that occurred in the last six months.

7.5 The Alcohol Use Disorders Identification Test (AUDIT)

The AUDIT (Saunders et al., 1993) was completed by REU participants in the EDRS. The AUDIT was designed by the World Health Organisation (WHO) as a brief screening scale to identify individuals with alcohol problems, including those in early stages. It is a 10-item scale, designed to assess three conceptual domains: alcohol intake; dependence; and adverse consequences (Reinert and Allen, 2002). Total scores of eight or more are recommended as indicators of hazardous and harmful alcohol use and may also indicate alcohol dependence (Babor et al., 1992). Higher scores indicate greater likelihood of hazardous and harmful drinking; such scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment (Babor and Higgins-Biddle, 2000).

The overall sample mean score on the AUDIT was 14.81 (median=15, range=0-34). There was no significant difference in female and male AUDIT scores. Eighty-three percent of the national sample obtained a score of eight or more; these are levels at which alcohol intake may be considered hazardous. Jurisdictional scores of eight or more illustrate that half or more of the participants in each state/territory reported scores at this level. Table 113 presents a jurisdictional overview of AUDIT scores.

The total AUDIT score places respondents into one of four 'zones' or risk levels. At a national level, seventeen percent in 2011 (16% in 2011) scored in Zone 1 (low-risk drinking or abstinence), 37% (38% in 2011) scored in Zone 2 (alcohol use in excess of low-risk guidelines), almost one-fifth (19%) (21% in 2011) scored in Zone 3 (harmful or hazardous drinking) and 27% (compared with 26% in 2011) scored in Zone 4 (those in this zone may be referred to evaluation and possible treatment for alcohol dependence). Jurisdictional overviews for the four zones are presented in Table 113.

Table 113: AUDIT total scores and proportion of REU scoring above recommended levels indicative of hazardous alcohol intake, 2012

	NSW		ACT		VIC		TAS		SA		WA		NT		QLD	
	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
Mean AUDIT total score, SD (range)	14.3 7.2 (0-35)	**13.3** **7.2** **(0-33)**	13.4 6.2 (0-28)	**11.0** **6.9** **(0-31)**	12.9 7.4 (0-36)	**14.8** **7.6** **(0-32)**	17.4 6.5 (4-31)	**16.9** **6.5** **(0-30)**	15.8 7.2 (0-30)	**16.2** **6.8** **(0-34)**	15.8 8.6 (1-35)	**15.0** **7.6** **(0-31)**	17.3 7.0 (0-25)	**14.4** **9.9** **(0-32)**	16.4 7.7 (1-38)	**14.6** **7.7** **(0-31)**
Score 8 or above (%)	80	**79**	80	**71**	78	**82**	94	**92**	90	**88**	82	**79**	91	**75**	86	**83**
Zone 1	20	**21**	20	**29**	19	**18**	6	**8**	11	**12**	18	**21**	9	**25**	14	**17**
Zone 2	39	**42**	42	**49**	42	**40**	32	**33**	42	**34**	25	**28**	18	**25**	36	**40**
Zone 3	17	**19**	22	**14**	22	**12**	26	**26**	18	**21**	21	**22**	18	**17**	19	**13**
Zone 4	24	**17**	17	**8**	15	**30**	36	**33**	29	**33**	36	**29**	55	**33**	30	**30**

Source: EDRS interviews

Note: Zone 1 refers to low risk drinking or abstinence; Zone 2 consists of alcohol use in excess of low-risk guidelines; Zone 3 may refer to harmful or hazardous drinking; and Zone 4 may be indicative of those warranting evaluation or treatment for alcohol dependence.

8 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH ERD USE

- Almost two-fifths of the sample reported engaging in some form of **criminal activity** in the month prior to interview.
- Drug dealing was the most common crime reported across all jurisdictions, with smaller proportions reported having committed fraud or a violent crime in the last month.
- Reports of recent **police activity** were that it was stable.
- Fourteen percent of the national sample had been arrested in the past year, compared with 16% in 2011. The most common charges reported were violent crimes (e.g. assault) and alcohol and driving offences.
- **Consumer arrests** appeared to have remained relatively stable across all drugs with minor decreases reported for cocaine and hallucinogens.

8.1 Reports of criminal activity among REU

Almost two-fifths (38%) of the national sample reported engaging in some form of criminal activity in the month prior to interview (Table 114). A quarter (26%) of the national sample reported that they had dealt drugs in the last month and, of these, three-fifths (62%) reported doing so less than once per week, 20% once per week, 12% more than once per week but less than daily, and 2% reported dealing on a daily basis. Seventeen percent of the national sample reported that had committed a property crime in the last month and, of those, the majority (64%) reported doing so less than once per week, 21% once per week, 13% more than once per week but less than daily, and 6% reported property crime on a daily basis. Five percent (n=30) reported committing a violent crime in the past month. Three percent (n=20) reported having committed fraud in the month prior to interview (Table 114).

Table 114: Criminal activity among REU, 2012

(%)	National 2011 N=574	National 2012 N=607	NSW n=100	ACT n=51	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
In the last month										
Any crime	38	**38**	33	43	49	26	45	29	42	48
Drug dealing	24	**26**	20	33	35	19	28	18	17	39
Property crime	18	**17**	18	12	25	12	16	16	17	15
Fraud	4	**3**	4	0	3	6	1	2	8	5
Violent crime	6	**5**	4	6	12	2	7	1	0	3

Source: EDRS interviews

8.2 Perceptions of police activity towards REU

Participants were asked whether there had been changes in police activity towards REU in the six months preceding interview. The majority of reports of recent police activity was that activity was stable (75%) or had increased (24%). Generally, the figures reported for increases in police activity have decreased from 2011 to 2012 across all jurisdictions (Table 115).

Table 115: Perceptions of police activity towards REU, 2012

(%)	National 2011 N=362	National 2012 N=381	NSW n=74	ACT n=30	VIC n=56	TAS n=63	SA n=56	WA n=64	NT n=4^	QLD n=34
Recent police activity										
Decreased	2	**2**	0	7	0	3	0	2	0	3
Stable	59	**75**	70	77	75	89	68	72	100	71
Increased	39	**24**	30	17	25	8	32	27	0	27

Source: EDRS interviews
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

8.3 Reports of perceptions/knowledge about drug law thresholds

Participants were asked about their knowledge of regarding the quantity of different drugs they would need to be caught with to be charged with sell and/or supply as opposed to possession. Initially participants were asked whether they thought the quantity of drugs found on the person would affect the type of charge they would be given to which 92% reported that they thought there would be a difference. When asked about what specific quantity would be needed to be charged with sell and/or supply as opposed to possession for the following drugs, the answers tended to vary considerably. For heroin, median points considered for sell and/or supply: 3 points (range 0.1-20 points), for heroin median grams was two (range 0.1-1000 grams). For methamphetamine (all forms) median points was 4 (range 0.1-40 points) and for grams median was two (range 0.1-1000 grams). For MDMA pills, median number of pills considered to be charged with a sell and or supply charge was six pills (range 0.1-300 pills) and MDMA median grams was two (range 0.1-1000 grams). For cocaine, median number of grams considered for a sell and/or supply charge was 2 (range 0.1-5000 grams); and for cannabis, median ounces was one (range 0.1-32 ounces) and grams was seven (range 0.01-1000).

8.4 Arrests

Fourteen percent of the national EDRS 2012 sample reported that they had been arrested in the past year (Table 116). Of those arrested in the past year, the charges most commonly reported in this sample violent crime and alcohol and driving offences (Table 117).

Table 116: Proportion of REU reporting arrest in the past year, 2012

(%)	National N=573	National N=601	NSW n=98	ACT n=47	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=62
Arrested last 12 months	16	**14**	14	6	17	14	15	11	17	19

Source: EDRS interviews

Table 117: Charges of arrest in the past year, national 2012

(%)	National 2011 N=89	National 2012 N=89
Charge arrested for last 12 months		
Alcohol and driving offences	15	**19**
Use/possession	23	**15**
Violent crime	23	**21**
Property crime	16	**18**
Other driving offences	2	**3**
Dealing	7	**6**
Fraud	0	**4**
Other offences*	17	**16**

Source: EDRS interviews
* 'Other offences' included: public orders (failure to vacate premises, failure to dispose of needles, public urination)

In addition to EDRS REU participant data on arrest over the past year, population level statistics related to drug use are also available from the ACC (latest available year 2010/11). These are reported in the following sub-sections by drug type.

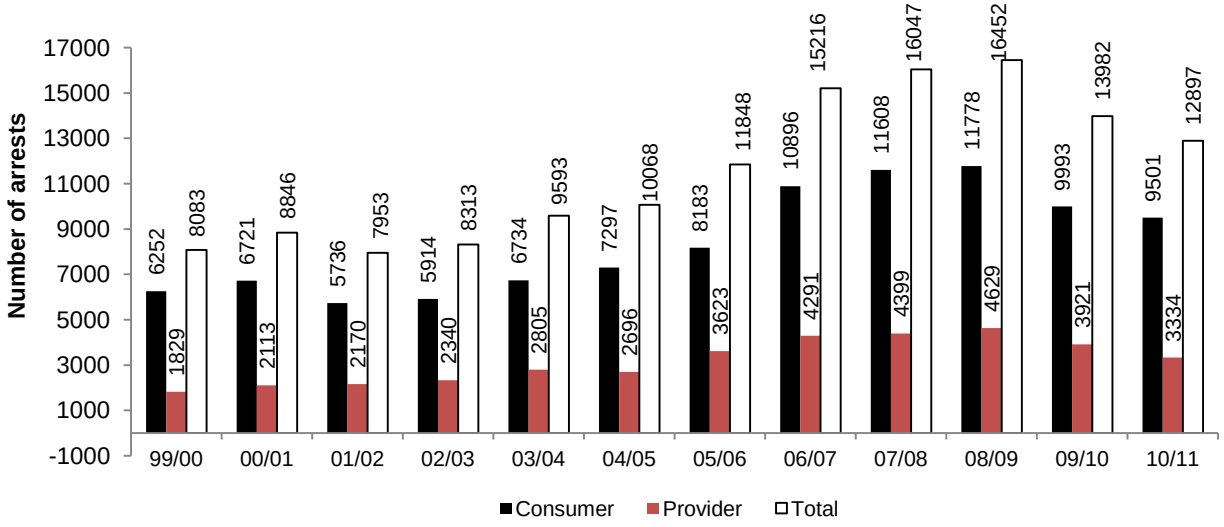
8.3.1 Ecstasy

A number of jurisdictions do not differentiate between arrests associated with ATS and phenylethylamines, the class of drug to which ecstasy belongs; ecstasy arrests are, therefore, included under ATS. These data are presented below in the methamphetamine section.

8.3.2 Methamphetamine

It should be noted that a number of jurisdictions do not differentiate between arrests connected with ATS and phenethylamines (the class of drugs to which ecstasy belongs), so these classes have been aggregated. Consumer and provider arrests for ATS have experienced a large increase since 2005/06, however the previous two years have seen decreases across both groups (Figure 51).

Figure 50: Amphetamine-type stimulants: consumer and provider arrests, 1999/00-2010/11

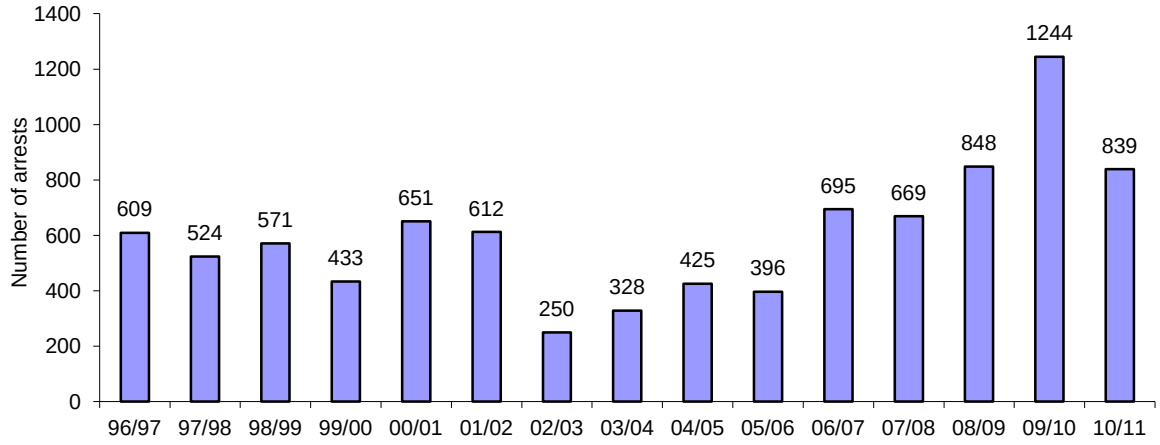


Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012)

8.3.3 Cocaine

In 2010/11, the number of cocaine arrests Australia wide has returned to previous levels of reported in 2008/09 after an increase to the highest level recorded to date in 2009/10. The majority of these arrests continued to occur in NSW (Figure 52).

Figure 51: Total number of cocaine consumer and provider arrests, 1996/97- 2010/11



Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012)
Note: The arrest data for each state and territory include AFP data. Data for 2011/12 were not available at the time of publication.

8.3.4 Ketamine

Ketamine is scheduled differently in different jurisdictions across Australia, but some jurisdictions (such as NSW) have recently attempted to make ketamine a more tightly scheduled substance. Although it is an offence in jurisdictions such as NSW and VIC to be in the possession of ketamine for personal use or in amounts suggesting an individual is supplying others, ketamine is not separately recorded in police databases. Therefore, no data are available on the number of police apprehensions for possession or supply of this controlled substance.

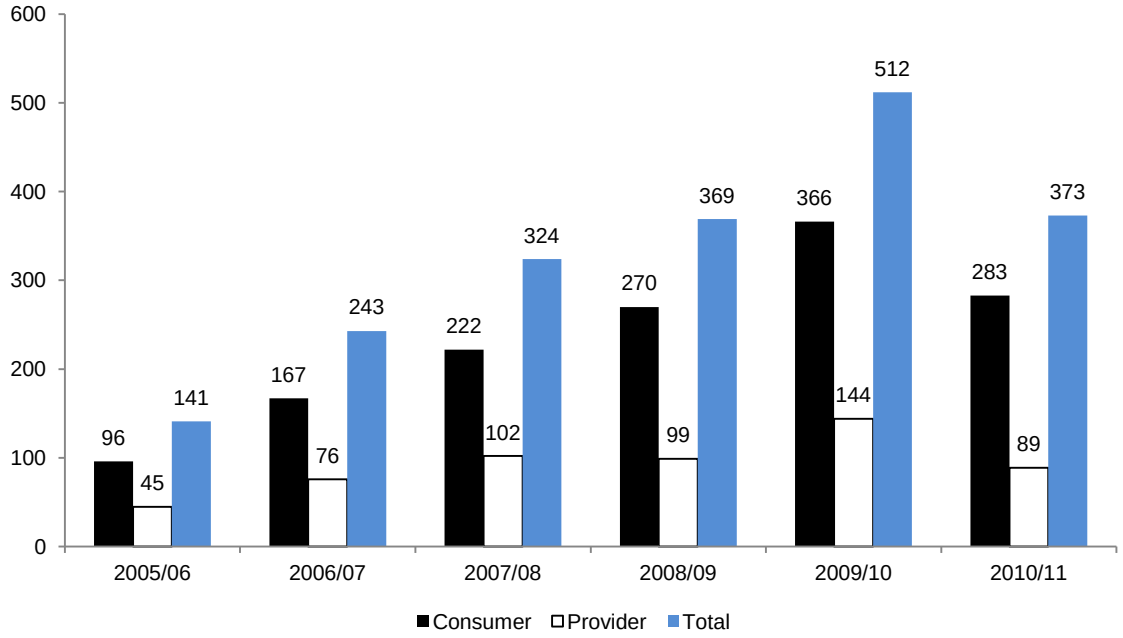
8.3.5 GHB

GHB is a controlled substance in Australia, and possession of GHB is an offence. However, it is not currently possible to obtain data on any police apprehensions of persons caught supplying, manufacturing or in the possession of GHB, because GHB is not separately recorded in police databases.

8.3.6 LSD

Nationally, a total of 373 total arrests were made in relation to hallucinogens including LSD and psilocybin (mushrooms). Consumer and provider arrests slightly decreased from 2009/010 compared to 2010/11 (Figure 53). The majority of these arrests continued to be recorded in QLD, followed by NSW and VIC.

Figure 52: Number of hallucinogen consumer and provider arrests, 2005/06-2010/11

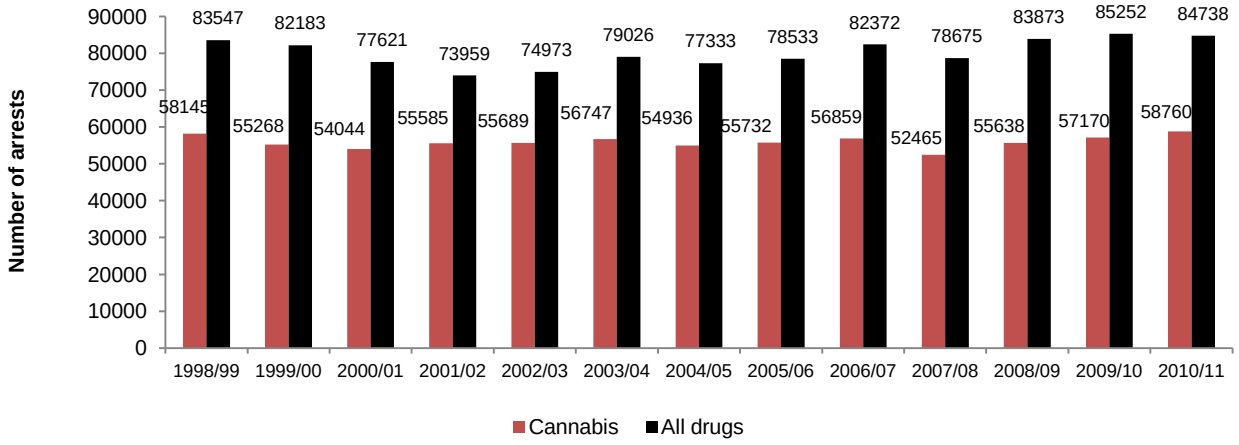


Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012)
Note: Data for 2011/12 were not available at the time of publication.

8.3.7 Cannabis

Cannabis arrests continue to account for the majority of all drug-related arrests in Australia. Numbers have remained relatively stable in the past ten years, indicating little change in enforcement of cannabis-related offences during this period (Figure 54).

Figure 53: Number of cannabis and all drug consumer and provider arrests, 1998/99-2010/11



Source:(Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012)
Note: Data for 2011/12 were not available at the time of publication

9 SPECIAL TOPICS OF INTEREST

- **Fagerstrom test for nicotine dependence** score was calculated for participants for the first time in 2012. Sixteen percent of daily REU/RPU smokers obtained 6 or above indicating high nicotine dependence.
- In 2012, participants were asked questions regarding **dependence on ecstasy** based on the Severity of Dependence (SDS) scale. The median score of the scale was 1, with 28% of the sample reporting a cut –off of three or more and 21% reporting a cut-off of four or more both indicating dependence.
- EDRS participants were asked in 2012, questions related to **drug policies** that were drawn from the National Drug Strategy Household Survey. From those that commented 91% supported needle and syringe programs to reduce problems associated with heroin use, the majority of the participants also supported methadone/buprenorphine maintenance programs, treatment with drugs (other than methadone) and regulated injecting rooms.
- **Traumatic brain injury (TBI)** were also asked about in the 2012 EDRS questionnaire. Multiple TBI were the norm with the median number of TBI experienced over the lifetime equalling 2(1-30). Participants were asked further details about the most severe occasion. The vast majority of participants who had experienced a TBI reported that the LOC on the most severe occasion lasted only a few minutes (consistent with a mild injury). However, a reasonable proportion (15%) of this group reported a LOC of greater than half an hour (consistent with a moderate to severe TBI).
- An area of concern for this group is the combination of **Body image issues** and psychostimulant use. One tenth of EDRS participants reported ever using illicit psychostimulants (IPS) to lose or maintain weight, of which 60% were female. The most commonly reported drug used for losing or maintaining weight was methamphetamine. Eight EDRS participants reported recent use of IPS to lose or maintain weight.

9.1 Fagerstrom test for nicotine dependence

For the second year consecutively, EDRS participants who smoked daily (n=294), were asked two questions from the Fagerstrom test for nicotine dependence, known as the Fagerstrom test for nicotine dependence (FTND). This test included questions such as: 'How soon after waking do you smoke your first cigarette?' and 'How many cigarettes a day do you smoke?' The sum of these scores was computed and a cut-off score of more than 5 was used to indicate high to very high nicotine dependency (Heatherton et al., 1991).

As seen in Table 118, almost one-fifth (16%) of the national sample who commented reported smoking their first cigarette within five minutes of waking and one-third between five to 30 minutes of waking. Most daily smokers did not find it difficult to refrain from smoking in smoke free areas. Two-fifths of sample reported they would find the first cigarette in the morning the most difficult to give up. The majority of EDRS participants (89%) reported smoking between 10 or less to 11-20 cigarettes per day. A minority (15%) reported that they smoke more in the morning, and two-fifths reported that they still smoke while sick in bed. The mean nicotine dependence score was 3.2 (SD 2.02). Sixteen percent of daily smokers scored above five indicating high to very high nicotine dependence.

Table 118: Fagerstrom test for nicotine dependence, 2012

(%)	National 2012	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Time for first cigarette after waking	**N=294**	**n=53**	**n=27**	**n=49**	**n=49**	**n=47**	**n=29**	**n=5^**	**n=35**
Within 5 minutes	16	17	19	12	18	17	7	40	20
5-30 mins	36	30	37	41	49	30	28	40	34
31-60 mins	22	15	30	25	16	21	41	20	20
60+ mins	25	38	15	22	16	32	24	0	26
Difficulty in refraining from smoking in forbidden places	**N=293**	**n=53**	**n=27**	**n=49**	**n=49**	**n=47**	**n=28**	**n=5^**	**n=35**
Yes	16	8	7	31	4	17	11	40	29
What cigarette would you hate to give up	**N=292**	**n=53**	**n=27**	**n=49**	**n=49**	**n=47**	**n=28**	**n=5^**	**n=34**
First in the Morning	40	38	41	31	55	36	36	60	38
Other	60	62	59	69	45	64	64	40	62
Number of cigarettes smoked a day	**N=293**	**n=53**	**n=27**	**n=49**	**n=49**	**n=47**	**n=28**	**n=5^**	**n=35**
10 or less cigarettes	48	60	48	47	47	45	50	20	40
11-20 cigarettes	41	32	48	40	47	40	39	80	37
21-30 cigarettes	10	8	4	10	6	13	11	0	17
31 or more cigarettes	1	0	0	2	0	2	0	0	6
Smoke more frequently in the morning	**N=292**	**n=52**	**n=27**	**n=49**	**n=49**	**n=47**	**n=28**	**n=5^**	**n=35**
Yes	15	21	19	16	8	15	11	20	14
Smoke in bed even when sick	**N=293**	**n=53**	**n=27**	**n=49**	**n=49**	**n=47**	**n=28**	**n=5^**	**n=35**
Yes	43	38	26	39	78	30	39	20	43
High dependence*	**N=294**	**n=53**	**n=27**	**n=49**	**n=49**	**n=47**	**n=29**	**n=5^**	**n=35**
(%)	16	11	4	16	18	21	10	20	23
Mean score	3.2	**2.8**	**3.1**	**3.3**	**3.7**	**3.0**	**2.7**	**4.4**	**3.6**

Source: EDRS interviews
* score of 6 and above

9.2 Ecstasy dependence

The question as to whether it is possible to be dependent on ecstasy is a controversial one. Currently, in the DSM-IV-TR, it is possible to be diagnosed with ecstasy dependence (coded as either amphetamine dependence or hallucinogen dependence), and there are clear case studies in the literature of people who are dependent on ecstasy. Animal models have demonstrated that dependence on ecstasy is biologically plausible. However, findings in relation to ecstasy dependence should be interpreted with caution due to the fact that there has been limited research of this syndrome (see Topp, Hall, & Hando, 1997; Degenhardt, Bruno & Topp, 2010).

To date, internationally, there have been a small number of studies of rates of dependence in ecstasy users. Studies from the US household survey suggest a prevalence rate of past-year dependence in approximately 3.6%-3.8% of ecstasy users in the general population. An early NDARC study suggests a lifetime prevalence rate of 64% in similar types of REU interviewed in the EDRS (Topp et al., 1998).

In 2012, the participants in the EDRS were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate ecstasy dependence. The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, and preoccupation with and anxiety about use. The SDS appears to be a reliable measure of the dependence construct. It has demonstrated good psychometric properties with heroin, cocaine, amphetamine, and methadone maintenance patients across five samples in Sydney and London (Dawe et al., 2002). A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

Two cut off scores are presented below of three or more and four or more. A cut-off score of 3 or more was used as these scores have been recently found in the literature to be a good balance between sensitivity and specificity for identifying problematic dependent ecstasy use (Bruno, Gomez & Matthews, 2011). Twenty-eight percent of REU scored three and above. The cut off of four and above is a more conservative estimate which has been used previously in the literature as a validated cut-off for methamphetamine dependence (Topp & Mattick, 1997; Bruno et al., 2009). Twenty-one percent of EDRS participants scored four or above. There was no significant gender differences regarding mean stimulant SDS score and those who scored three or four or above.

The median SDS score was 1 (range=1-11). Two-fifths of participants (40%) obtained a score of zero on the ecstasy SDS, and one-fifth (21%) obtained a score of 1 on the scale: thus, the majority of respondents reported no or few symptoms of dependence in relation to ecstasy use. These findings are supported by responses of the majority of participants (74%) reporting ‘never or almost never’ thinking that their use of ecstasy was out of control and 74% reporting that they would find it ‘not difficult to stop or miss a prospective dose of ecstasy’.

9.3 Drug policy attitudes

Public opinion can play an important role in determining social policy and informing political processes (Matthew-Simmons et al., 2008). The vast majority of public opinion data regarding attitudes to drug policy in Australia is collected at the broader population level. In 2012, additional questions in the EDRS were asked to provide data about how people who use drugs perceive Australian drug policy, building on research undertaken as part of the wider Drug Policy Modelling Program (DPMP) project *Public opinion and drug policy: engaging the ‘affected community’*.

The policy questions were drawn from the National Drug Strategy Household Survey to ensure comparability with general population responses. Participants in the 2012 EDRS were asked

three policy questions (1) Thinking about the problems associated with heroin use, to what extent would you support or oppose measures such as.....', (2) To what extent would you support or oppose the personal use of the following drugs being made legal?' and (3) To what extent would you support or oppose the increased penalties for sale or supply of the following drugs?'. Table 120 presents the collated 'strongly support' and 'support' response findings from participants in the EDRS. The majority of EDRS participants commented (n=597), with 91% supporting needle and syringe programs to reduce problems associated with heroin use. The majority of the participants also supported methadone/buprenorphine maintenance programs, treatment with drugs (other than methadone) and regulated injecting rooms.

The majority of the EDRS sample also supported the legalisation of cannabis (79%) for personal use and just under half (46%) supported the legislation of ecstasy for personal use (Table 119).

Small numbers supported the increased penalties for sale or supply of cannabis (8%). Almost half supported the increased penalties for sale or supply of heroin and around one-third to one-quarter for methamphetamine or cocaine respectively (Table 119).

Table 119: Support for measures to reduce problems associated with heroin, for legalisation of illicit drugs and the increase of penalties for illicit drugs, 2012

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Support measures to reduce problems associated with heroin use (%):	**N=598**	**n=98**	**n=49**	**n=100**	**n=100**	**n=92**	**n=89**	**n=12**	**n=58**
Needle syringe programs	**85**	91	71	84	93	77	85	92	83
Methadone/Buprenorphine maintenance program	**68**	74	53	68	73	72	56	67	74
Treatment with drugs (not methadone)	**65**	62	63	70	59	71	60	42	81
Regulated injecting room	**65**	78	51	67	65	52	65	75	67
Trial of prescribed heroin	**34**	48	35	30	28	32	33	42	33
Rapid detoxification therapy	**40**	38	47	43	20	45	48	42	48
Use of naltrexone	**50**	50	45	58	29	64	46	42	66
Support legalisation (personal use) of:	**N=597**	**n=98**	**n=49**	**n=99**	**n=100**	**n=92**	**n=89**	**n=12**	**n=58**
Cannabis	**79**	80	88	86	74	79	73	75	78
Heroin	**15**	18	20	19	12	15	9	33	12
Methamphetamine	**16**	19	18	23	17	11	11	33	7
Cocaine	**25**	26	27	30	29	22	18	42	18
Ecstasy	**46**	48	55	53	38	38	44	50	37
Support increased penalties for sale or supply of illicit drugs:	**N=597**	**n=98**	**n=49**	**n=99**	**n=100**	**n=92**	**n=89**	**n=12**	**n=58**
Cannabis	**8**	10	4	6	21	2	7	8	5
Heroin	**49**	54	57	47	64	42	46	8	40
Methamphetamine	**37**	36	47	32	38	30	45	17	35
Cocaine	**24**	28	29	25	31	14	24	0	21
Ecstasy	**17**	17	18	18	28	11	12	8	14

Source: EDRS interviews

9.4 Neurological History

People with a neurological illness or injury may be at greater risk of experiencing adverse effects associated with drug use. Existing research indicates that there is an association between traumatic brain injury (TBI) and drug use (Corrigan et al., 2012). This may be due to greater exposure to violence, mental illness, poor nutrition and poor sleep among other factors. TBI is a major cause of morbidity and mortality in developed countries (Bruns and Hauser, 2003) and can result in long term physical and cognitive impairments, as well as negatively impact upon psychological wellbeing, social and occupational outcomes (Tait et al., 2010). The cognitive, emotional and functional impairments associated with drug use could potentially compound those associated with TBI (Kelly et al., 1997). In 2012, the EDRS examined the prevalence of selected neurological illnesses and also of TBI among RPU. Table 120 and Table 121 outline the results of this investigation.

Table 120: Incidence of selected neurological conditions among REU/RPU, 2012

n (%)	National N=601	NSW n=99	ACT n=50	VIC n=100	TAS n=100	SA n=92	WA n=90	NT n=12	QLD n=58
Epilepsy	**5 (0.8%)**	0	0	0	0	0	2 (2%)	0	3 (5%)
Stroke	**1 (0.2%)**	0	0	0	0	1 (1%)	0	0	0
Hypoxia	**2 (0.3%)**	0	0	1 (1%)	0	0	0	0	1 (2%)
Traumatic Brain Injury	**241 (40.1%)**	33 (33%)	20 (40%)	45 (45%)	33 (33%)	40 (44%)	42 (47%)	6 (50%)	22 (38%)

Source: EDRS interviews

The lifetime prevalence of epilepsy was low in this group and comparable with Australian population estimate (0.7%) scored in the 2007-08 National Health Survey (ABS, 2010). Data from the same survey estimates the Australian prevalence of cerebrovascular disease (including stroke) as approximately 1.2%, substantially higher than the proportion reported in the current sample. This is likely due to the fact that this sample was largely young[12] and that the category used in the national survey includes all forms of cerebrovascular illness. It is difficult to estimate the prevalence of hypoxic brain injury because it can result from a range of different situations (including drowning, carbon monoxide poisoning, heart attack etc.). Nonetheless, the prevalence in this group is reasonably low.

In contrast, a substantial proportion of the group (40%) reported a lifetime history of TBI[13]. In a recent study, Perkes et al. (2011) estimated the lifetime prevalence of TBI with loss of consciousness (LOC) as 35% among a community sample of males in Australia. Similarly, a cohort study conducted in Christchurch, New Zealand demonstrated that approximately 32% of the community sample had experienced at least a mild-traumatic brain injury by 25 years of age. Both of these prevalence estimates are lower than that recorded in our sample. However, caution should be used when directly comparing these figures due to differences in sampling techniques and data collection.

[12] Three quarters of all new stroke events occur in people aged 65 years and older (Bonita, 1992).

[13] TBI was measured as a knock on the head resulting in loss of consciousness.

Table 121: Traumatic Brain Injury (TBI) among REU/RPU, 2012

	National N= 241	NSW n=33	ACT n=20	VIC n=45	TAS n=33	SA n=40	WA n=42	NT n=6^	QLD n=22
Median No. TBI	**2 (1-30)**	2 (1-30)	2 (1-12)	3 (1-20)	2 (1-30)	2 (1-11)	1 (1-5)	2 (1-7)	1.5 (1-2)
For most severe TBI:									
Median LOC[a] (mins)	**2 (0-33,120)**	**2**	2.5	2.5	2	2	3	1	7.5
Injury Severity (%)									
Mild TBI[b]	**85**	85	70	80	85	85	93	67	96
Moderate/Severe TBI[c]	**15**	15	30	20	15	15	7	33	5
Median age (years)	**18 (0-46)**	19	17	18	17	18	17	17	19
Under influence of alcohol (%):	**32**	24	20	33	36	45	26	33	33
Under influence of drugs (%):	**17**	21	0	20	12	20	12	33	24
Main drug[a]:	**N=37**	n=7	n=0	n=9	n=4	n=8	n=5	n=2	n=5
Cannabis	**51**	43	-	44	75	50	60	100	0
Ecstasy	**34**	57	-	33	25	25	20	0	40
Benzodiazepines	**14**	17	-	22	0	0	0	50	20
Heroin	**11**	33	-	0	0	13	0	0	20
Speed	**11**	17	-	22	0	13	0	0	0
Ice/Crystal	**11**	0	-	22	0	25	0	0	0

a LOC = Loss of consciousness. **b** LOC<30 minutes. **c** LOC≥ 30 minutes.
Source: EDRS interviews

Multiple TBIs were the norm with the median number of TBIs experienced over the lifetime equalling 2(1-30). Participants were asked further details about the most severe occasion. The vast majority of participants who had experienced a TBI reported that the LOC on the most severe occasion lasted only a few minutes (consistent with a mild injury). However, a reasonable proportion (15%) of this group reported a LOC of greater than half an hour (consistent with a moderate to severe TBI). The most severe TBI had usually occurred during the late-teens at a median of 18 years of age (range: 0-46). Approximately one-third (32%) of the group were under the influence of alcohol at the time of the injury and approximately one-fifth (17%) were under the influence of at least one drug. Of these, approximately half (51%) reported they had been under the influence of cannabis and one-third (34%) had taken ecstasy (Table 122).

Some people experience neuropsychological sequelae (symptoms such as cognitive, motor and behavioural changes) following a TBI which can complicate recovery. A large proportion of the group (64%) reported having experienced neurological sequelae immediately following the injury. The most common complaints were memory loss (57%), poor concentration (55%) and poor coordination/balance (52%). Ongoing complaints were less common (36% of those that had a TBI, N=85). Participants who had experienced ongoing issues complained mostly of ongoing memory deficits (28%), ongoing poor concentration (26%) and ongoing word finding problems while speaking (18%).

Table 122: Effects of Traumatic Brain Injury (TBI) among REU/RPU, 2012

	National N=235	NSW n=32	ACT n=20	VIC n=45	TAS n=33	SA n=39	WA n=41	NT n=6^	QLD n=19
Experienced any effects[a] following the injury (%)	**64**	63	80	69	58	77	44	33	79
Experienced at the time (%):	**N=151**	n=20	n=16	n=31	n=19	n=30	n=18	n=2^	n=15
Functional weakness	**43**	35	38	68	32	37	28	50	53
Poor concentration	**55**	65	50	48	74	43	50	100	60
Memory loss	**57**	60	69	58	74	50	50	50	40
Word finding problems	**35**	25	50	39	32	40	28	50	27
Poor coordination/ balance	**52**	50	50	58	68	37	61	100	40
Personality change	**14**	30	31	16	5	0	11	50	7
Mood/Anxiety Issues	**20**	25	31	29	11	7	11	50	27

[a] Neurological, cognitive, behavioural or psychiatric effects.
Source: EDRS interviews

9.5 Body Image issues

Research has highlighted a link between psychostimulant use and body image, suggesting that adolescent girls and young women with negative weight perceptions are more likely to engage in both licit and illicit substance use (Leventhal, 1983; Nieri et al., 2005; Weathers & Billingsley, 1982). Negative weight perceptions are of particular concern for psychostimulant users because in addition to acting as mood enhancers, psychostimulant drugs suppress the appetite. Other studies have found that female stimulant users exhibit higher levels of body image distortions and disordered eating behaviours than non-users (Curran & Robjant, 2006; Parkes et al., 2008) and that some young women report using these drugs specifically to lose weight (Boys, Marsden & Strang, 2001). For example, a recent Australian case report found that crystal meth or "ice" use was associated with the onset of disordered eating and used as an efficient weight losing behaviour in an established eating disorder (Neale, Abraham & Russell, 2009). The aim of this module is to enhance understanding of the relationship between illicit psychostimulant (IPS) drug use and body image. Characteristics of REU who reported ever using IPS for weight management are presented in Table 123.

Table 123: Characteristics of REU who reported ever using IPS for weight management compared to those who did not, 2012

Have you ever used IPS to help lose or maintain weight? n (%)	No n=90	Yes n=10
Gender		
Male	63 (70)	4 (40)
Female	27 (30)	6 (60)
BMI		
<18.5 (Underweight)	1 (1)	3 (33)
≥18.5 (≥Normal)	81 (99)	6 (67)
Which IPS have you ever used to help lose or maintain weight?		
Ecstasy	-	2 (22)
Methamphetamine	-	5 (56)
Cocaine	-	2 (22)
Dexamphetamine	-	1 (11)
Ritalin	-	0 (0)
Duromine	-	2 (22)
Other/Don't know^	-	3 (30)
Which IPS did you last use to help lose/maintain weight?#		n=8
Ecstasy	-	0 (0)
Methamphetamine	-	5 (63)
Cocaine	-	0 (0)
Dexamphetamine	-	0 (0)
Ritalin	-	0 (0)
Duromine	-	1 (13)
Other/ Don't know	-	2 (25)
Are you concerned you have lost too much weight loss because of your IPS use?		
Yes	13 (14)	3 (30)
No	77 (86)	7 (70)
Are you concerned that if you stop using IPS you will gain weight?		
Yes	7 (8)	4 (40)
No	83 (92)	6 (60)
Would weight gain be a desirable outcome should you cease or stop your IPS use?		
Yes	18 (20)	0 (0)
No	72 (80)	10 (100)

^Clenbuterol and diet pill
#Of those who used IPS to lose or maintain weight during the past 6 months

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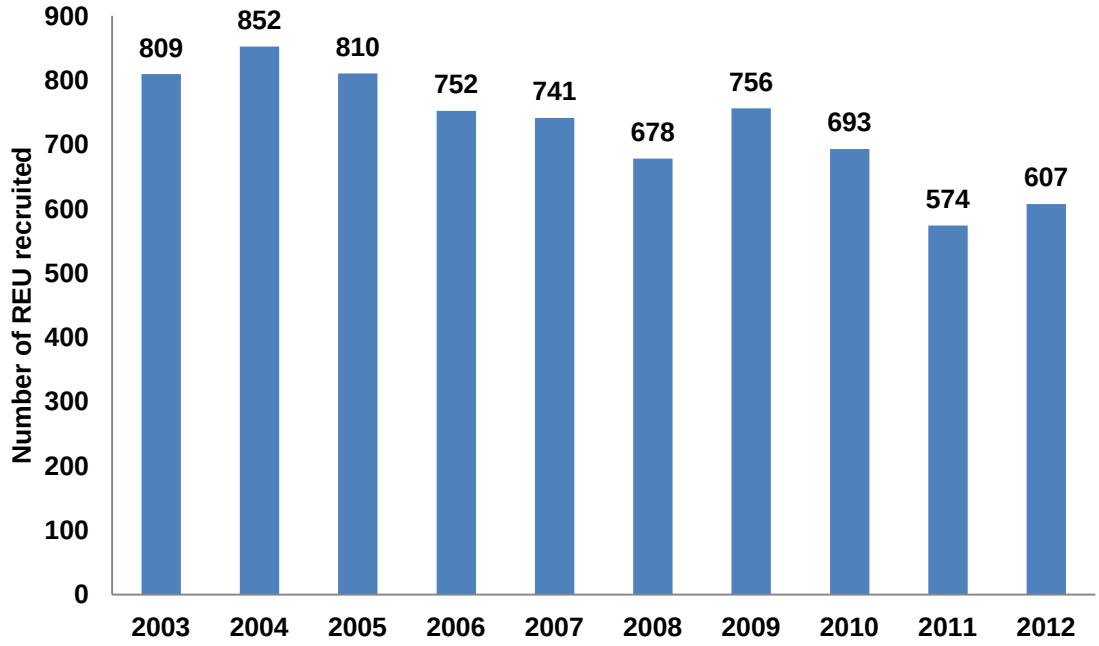
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APPENDICES

Appendix A: Recruitment of REU over time, 2003-2011

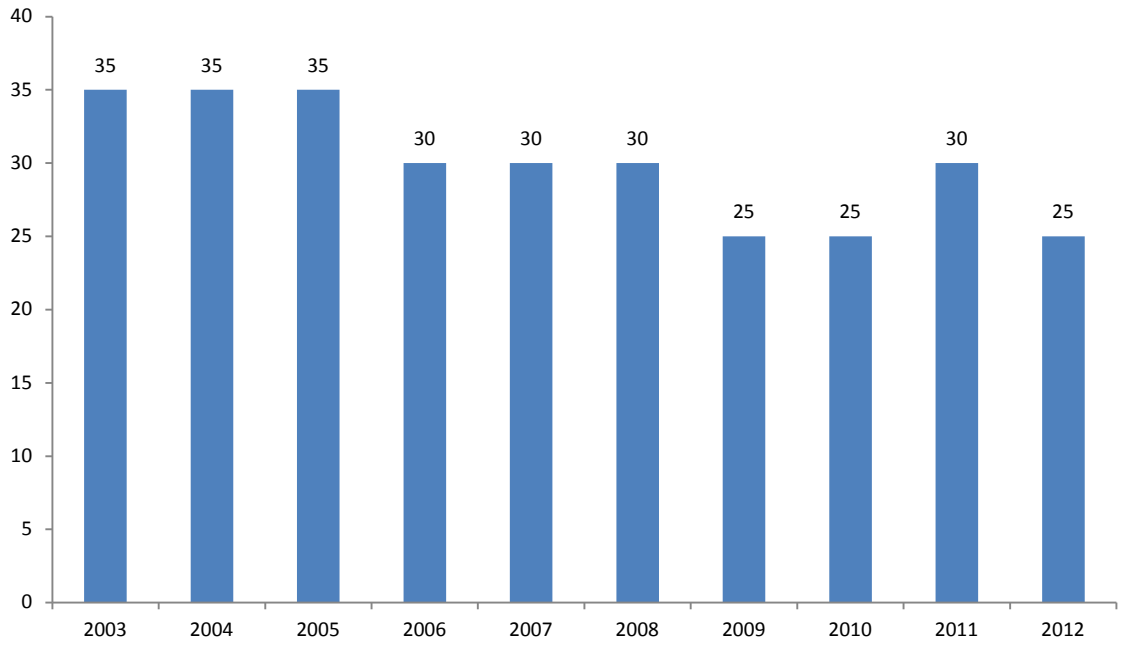
Figure A1: Recruitment of REU over time, 2003-2012



Source: EDRS participant interviews, 2003-2012

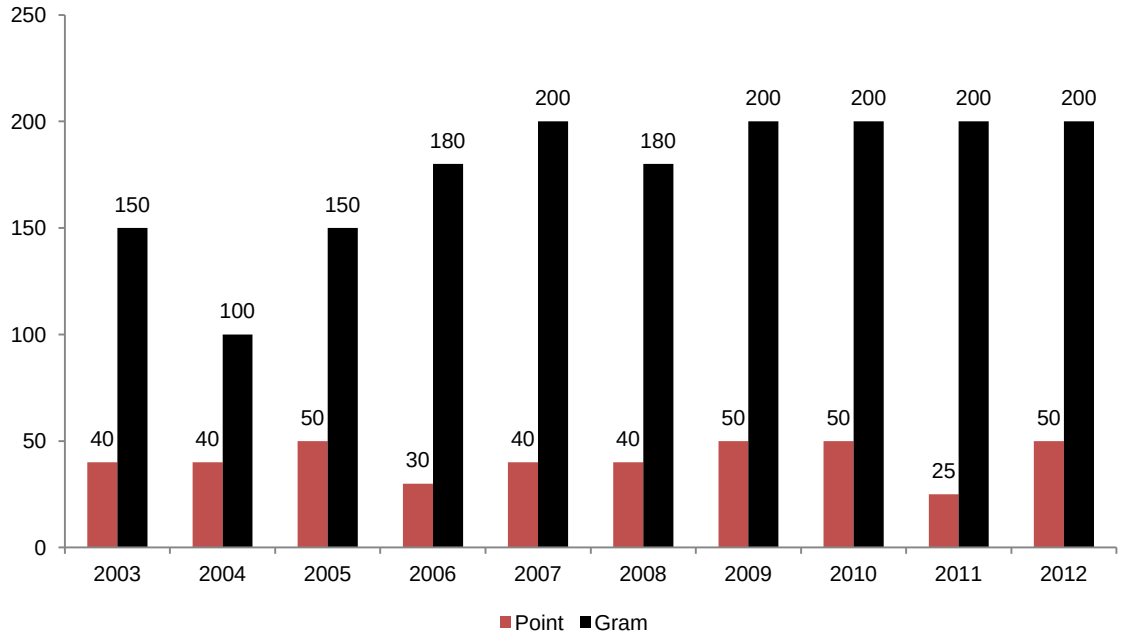
Appendix B: Price trends of ecstasy and related drugs, 2003-2012

Figure B1: Median price of an ecstasy pill, 2003-2012



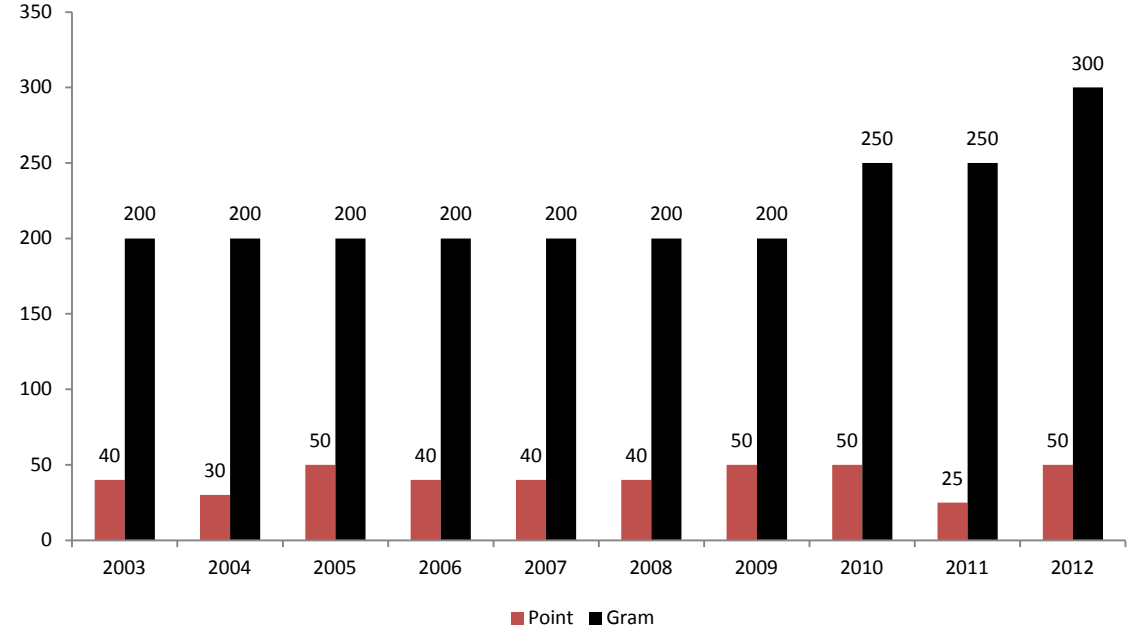
Source: EDRS participant interviews, 2003-2012

Figure B2: Median price of methamphetamine powder (speed), 2003-2012



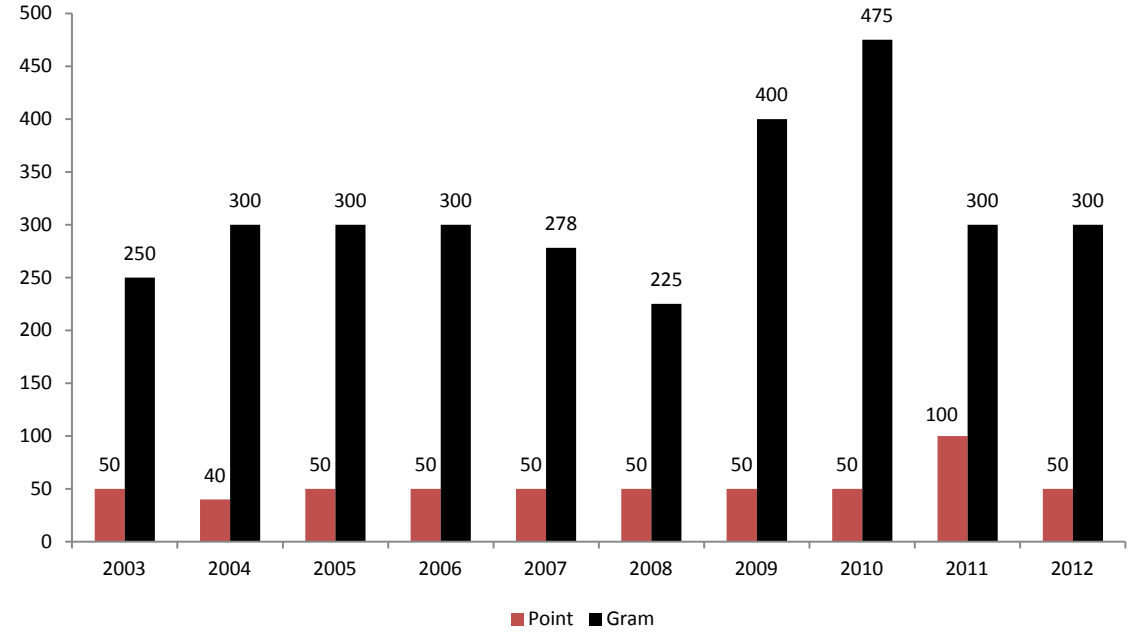
Source: REU participant interviews, 2003-2012

Figure B3: Median price of methamphetamine base, 2003-2012



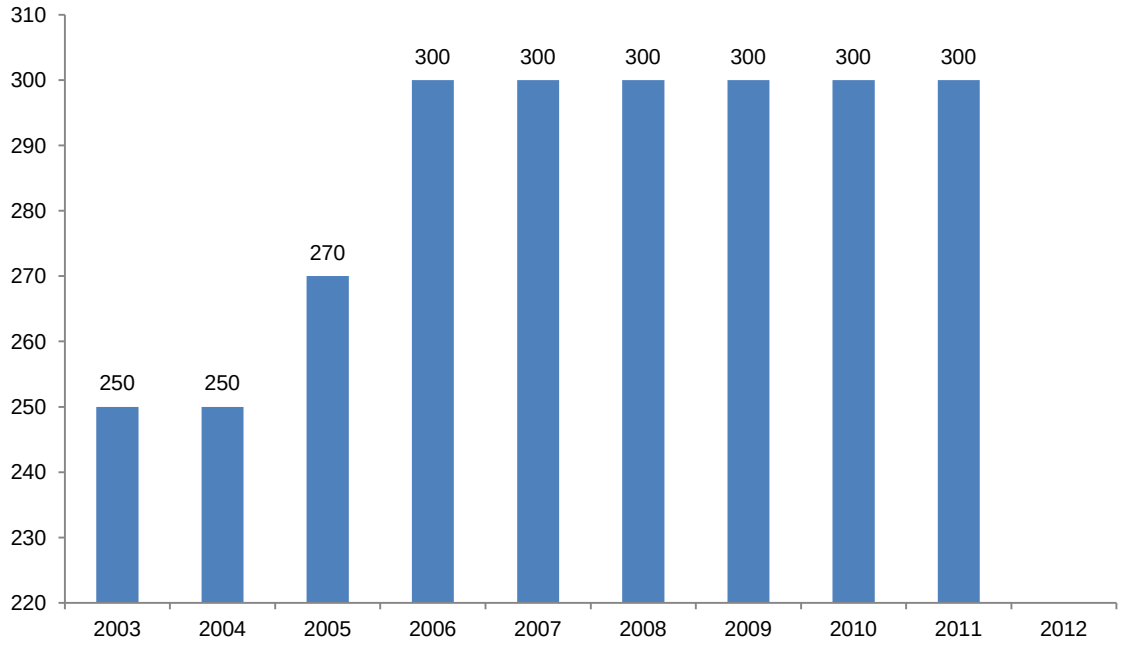
Source: EDRS participant interviews, 2003-2012

Figure B4: Median price of ice/crystal, 2003-2012



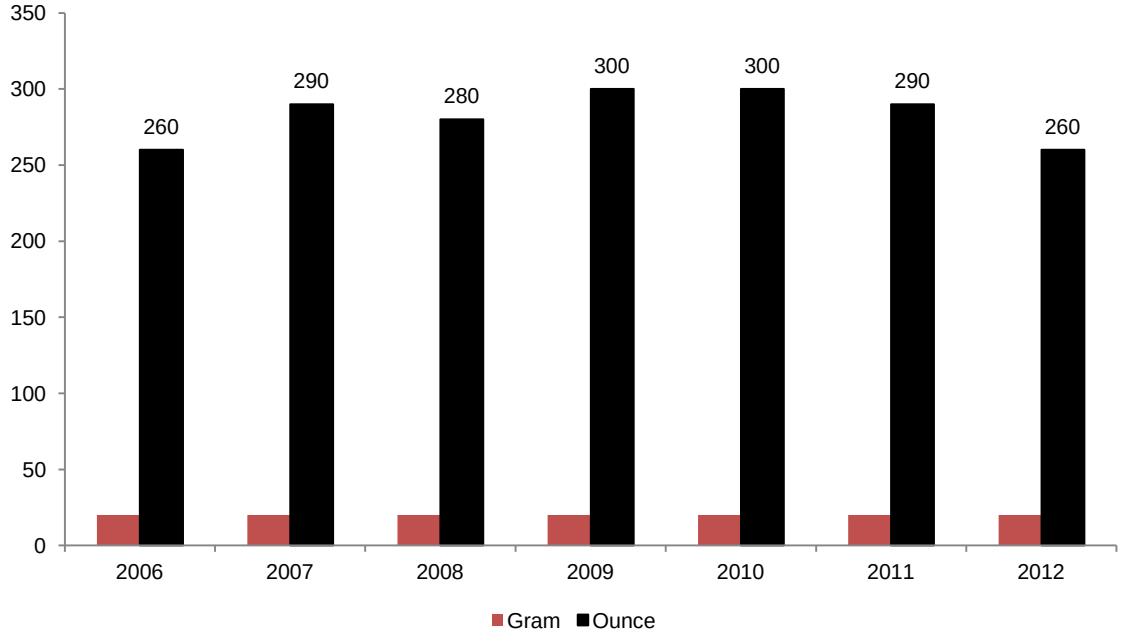
Source: EDRS participant interviews, 2003-2012

Figure B5: Median price of one gram of cocaine, 2003-2012



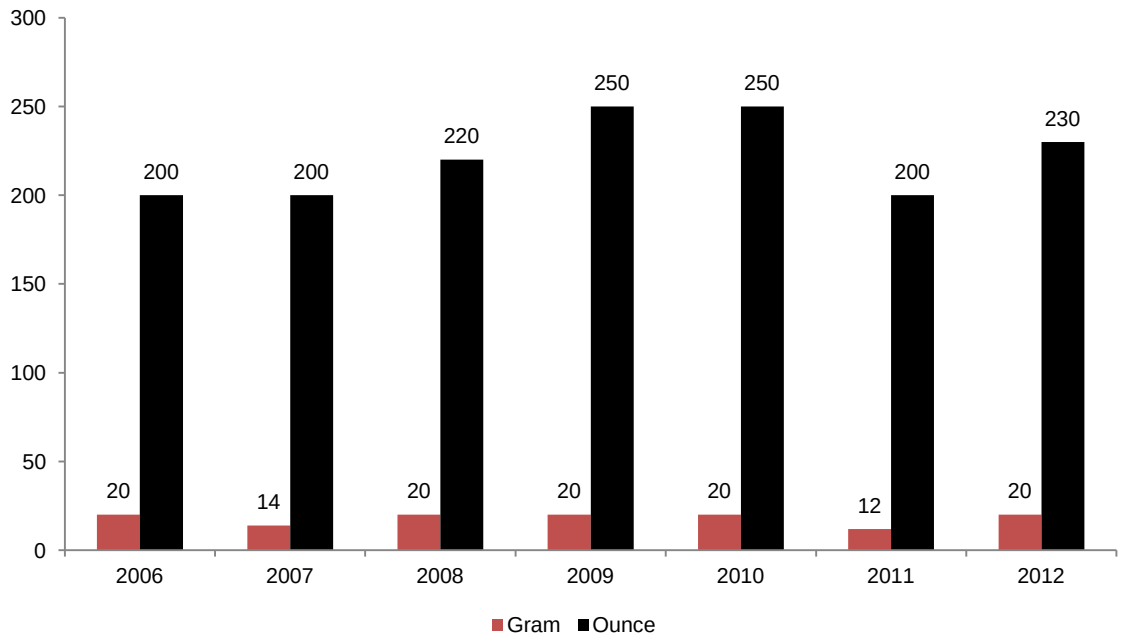
Source: EDRS participant interviews, 2003-2012

Figure B6: Median price of hydroponic cannabis, 2006-2012



Source: EDRS participant interviews, 2006-2012

Figure B7: Median price of bush cannabis, 2006-2012



Source: EDRS participant interviews, 2006-2012